

**An explorative study on the role of Disability Advice Desks
in providing information on livelihood opportunities for
disabled youth in the Cape Metropole**

**By
Cleone Jordan
(MLNCLE001)**

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Supervisor: **Professor Theresa Lorenzo**

Division of Disability Studies

Department of Health and Rehabilitation Sciences

Co-supervisor: **Dr Ingrid van der Heijden**

Medical Research Council, South Africa

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Abbreviations

CBR: Community-Based Rehabilitation

DAD: Disability Advice Desk

DoH: Department of Health

DOL: Department of Health

DPO: Disabled Peoples Organisation

DSD: Department of Social Development

ICF: International Classification of Functioning

IPDM: Institute for the Promotion of Disabled Manpower

MDG: Millennium Development Goals

NGO: Non Government Organisation

SASSA: South Africa Social Security Agency

SDG: Sustainable Development Goals

UNCRPD: United Nations Convention on the Rights of Persons with Disabilities

Glossary of terms

CBR: Community-Based Rehabilitation. CBR is a strategy within general community development for the rehabilitation, equalisation of opportunities, poverty reduction and inclusion of children and adults with disabilities. (WHO, 2010)

Disability: International Classification of Functioning, Disability and Health (ICF), states that disability is an “umbrella term for impairments, activity limitations or participation restrictions”, which result from the interaction between the person with a health condition and environmental factors (e.g. the physical environment, attitudes), and personal factors (e.g. age or gender). (WHO, 2001)

Learnerships: Refer to new para-professional and vocational education and training programmes, initiated by the South African government. They combine theory and practice and culminate in a qualification that is registered with the National Qualifications Framework (Department of Labour [DoL], 2001b)

Matric: In South Africa, matriculation or matric is a term used to refer to the final year of high school and the qualification received on graduating from high school. It is also the minimum university entrance requirements.

Persons with disabilities: The term persons with disabilities will be used in this report to refer to people who experience disability in their lives, because of the presence of an impairment.

State disability grant: A grant paid out by the state to a person who is 18 years old and has a disability. The disability must be confirmed by a medical report from a medical officer. The person must be certified incapable of entering the labour market (Department of Social Development [DSD], 2005)

Youth with disabilities: Refers to youth between 18 and 35 years of age.

Abstract

There is evidence that disability and poverty are closely linked (Mitra, Posarac & Vick, 2012) and in a South African context this has become more evident as unemployment remains high among youth with disabilities (Lorenzo & Murray Cramm, 2012). To address this problem and align with South Africa's legislation, empowerment strategies such as the Employment Equity Act (DoL, 1998), the Skills Development Amendment Act (DoL, 1998) and the Code of Good Practice (DoL, 1998), amongst others, were implemented to ensure that employment of people with disabilities were supported. Despite this, youth with disabilities who live in poverty found it difficult for various reasons to access information which could lead to livelihood opportunities.

The literature in this study spoke about empowerment strategies but it also looked at the barriers disabled youth faced in accessing livelihood opportunities, such as the digital divide. If people with disabilities were to address other areas in their lives that were lacking, and could not, for example, access information via Internet Technology because of poverty, then alternative ways were necessary for them to access information. For this reason, it was essential that people had access to information if they were to have the capacity to exercise their other rights. The purpose of this study, was to explore the role of Disability Advice Desks (DADs) in providing information on livelihood opportunities for disabled youth in the Cape Metropole.

The methodology used in the study was a qualitative explorative case study, which was based on an instrumental approach. The data collection methods were in-depth interviews, participant observation, document analysis and reflective journaling. The participants included persons with disabilities who were the service providers at the DAD as well as youth with disabilities who approached the DAD for information. Data analysis was done inductively across the different data sources to verify categories and themes until data saturation was reached. The researcher also discussed how the data was triangulated because of her direct interest in the subject. Given that the work was inherently interpretive, the biases, values and judgments of the researcher was explicitly acknowledged so that it could be taken into account in the data presentation (Creswell, 1994). Ethical issues have been considered throughout the course of the research.

Two themes emerged in the findings, and three themes formed part of the discussion. The first was 'Building capacity for change' which focused on objective one: to describe the role and function of the DADs in assisting youth with disabilities in accessing information that facilitates in livelihood development. The second theme looked at 'The personal nature of the work' and focused on the experiences of the DAD service providers in assisting youth with disabilities. The third theme in the discussion was 'Wake up, stand up and do things'. This theme focused on the experiences of the disabled youth and identified the enablers and barriers that influenced them to access information on livelihood development opportunities. The conclusion provides recommendations made, which included

1. To create more awareness on the service that is provided through the DADs
2. Use existing networks to expand the DAD project
3. Emulate the NAP (see chapter one) by providing an integrated service to the disability community
4. Strengthen existing ties with stakeholders and community partners
5. An assessment of organisational capacity be undertaken to evaluate its human capital, material and financial resources to construct an organisational development plan
6. Integrate ICTs as a tool for communication and service delivery for the development of the DAD
7. Continuing professional development among the service providers with disabilities

Chapter 1

Introduction

“Wherever we lift one soul from a life of poverty, we are defending human rights. And whenever we fail in this mission, we are failing human rights.” —Kofi Annan, former United Nations Secretary-General

Background to disability

People have different ways of looking at the world. We are each born into a specific set of social identities, and these social identities predispose us to unequal roles in the dynamic system of oppression (Harro, 2000, p.15). In terms of disability, referring to people with impairments as disabled in lay terms signals that they belong to that group of people who because of their ‘abnormal’ bodily or intellectual ‘deficit’ or ‘incapacity’ cannot engage in ‘normal’ activities (Thomas, 2002) and therefore do not belong as others do in society. But what is belonging? Belonging refers to the affective elements relating to feeling ‘at home’ and ‘feeling safe’. Yuval-Davis (2006) argues that belonging is a better concept for understanding citizenship, as it has ‘affective’ dimensions. One of the three facets of belonging Yuval-Davis speak about is our identifications and emotional attachments. Identities are the stories we tell ourselves and others about ourselves. It is our striving for authenticity – becoming who we ‘really’ are. They often define us in terms of which groups we would be linked to. They also shift and change and can relate to the past, present and future – a desire of becoming. They are ‘emotional investments’ in ourselves “producing itself through the combined processes of being and becoming, belonging and longing to belong” (Yuval-Davis, 2006, p.202). As a marginalised group, perhaps more than any other, persons with disabilities have been categorised by medicine and a social system that perpetuates their separation from the rest of society.

The medical model of disability has led to disability being conceived of as merely a biological product. The general view is that the problems that persons with disabilities face are the result of their physical and/or mental impairments and are independent of the wider socio cultural, physical, and political environments. According to Wendell (1996, as cited in Brittain, 2004), a large part of the reason for this, is that

Their authority operates far beyond medical institutions—inside and in relation to government bureaucracies, insurance companies, courts, schools, charities, rehabilitative organizations, and institutes for long-term care. Medical professionals also exercise considerable authority with all types of employers, certifying people medically capable or incapable of working. (p. 117)

Reflected in this quote from Wendell (1996), many of the societal perceptions of disability that are embedded within the medical model discourse are as a result of the role the medical profession has played within society. Both persons with disabilities and persons without disabilities within society are strongly encouraged to internalise many of the perceptions of disability entrenched in the medical model approach through the numerous, apparently justifiable situations in which they encounter it (Marks, 1999; Harro, 2000; Watermeyer, 2006). Watermeyer (2006) shows through a psychoanalytical lens how ideas and images of disability are experienced emotionally by all of us and how the nature of this experience shapes the way in which our society treats disabled people. Consequently, it not only appears to persons with disabilities that the cause of many of their problems resides within them and their impairments but that a particular understanding of disability has been normalised within society (Brittain, 2004; Marks, 1999; Watermeyer, 2006).

In contrast, in the social model of disability, disability studies proponents assert that the inability of people with impairments to undertake social activities is a consequence of the erection of barriers by the non-disabled majority, both physical and attitudinal, that limit activity and constrain the lives of people with impairment (Finkelstein, 2001b; Thomas, 2002; Burchardt, 2003; Shakespeare, 2006). These barriers socially exclude and work to oppress those with a socially ascribed impairment. When disabled individuals encounter the social model for the first time, the effect is often revelatory and liberatory, enabling them to recognise most of their difficulty as socially caused (Thomas, 2002). In all areas of social life disabling barriers come into view - in cultural and leisure activities, health and welfare services, education, transport, housing,

employment, civil and political rights, and so forth. Sen (1999, p.5) stated "what people can positively achieve is influenced by economic opportunities, political liberties, social powers, and the enabling conditions of good health, basic education and the encouragement and cultivation of initiatives".

Some disability activists claim that if the environmental barriers were removed then problems associated with disability would disappear (Morris, 1991). Others argue strongly against this perspective and suggest that such transformation alone will do little or nothing to destroy the underlying 'disablist' values within society (Imrie, 1997). For the social model to achieve its greatest benefits, authors such as Marks (1999), Watermeyer (2009) and Thomas (2002) suggest that both a political understanding and an appreciation of the emotional consequences of disablism are crucial. In an effort to achieve a synthesis, in order to provide a coherent view of different perspectives of health from a biological, individual and social perspective, the World Health Organisation (WHO) established the International Classification of Functioning, Disability and Health (ICF) (WHO, 2010). This approach takes into account both individual functioning as well as the social and economic environment that acts to constrain or enhance the level of functioning of an individual with a disability. The ICF interfaces well with how the capabilities approach can be applied to understanding disability (Mitra, 2006; Groce, Kett, Lang & Trani, 2011).

Personal factors in the International Classification of Functioning, Disability and Health (ICF)

Contextual factors are extremely important in working with the ICF (Fries & Fischer, 2008). Classification efforts have expanded beyond the sequelae of diseases and have addressed the potential influence of external environmental factors as well as the internal contexts that are integral to the individual (Grotkamp, Cibis, Nüchtern, von Mittelstaedt & Seger, 2012). WHO describes personal factors as internal factors, which 'may include gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character and other factors that influence how disability is experienced by the individual'

(WHO, 2001, p. 11). Grotkamp et al., (2012) define personal factors in ICF as the particular background of an individual's life and living. This includes features of the individual which can impact functioning positively or negatively but that are not part of a health condition or health states. Personal factors and health problems can be intricately linked and play an essential part in effecting the impact of disability on inclusion. While personal factors are not actually classified in the ICF, the ICF leaves scope for interpretation of the users (WHO, 2001, p.19). Grotkamp et al., (2012) indicated that "classifying the personal factors of the ICF provides a standardised tool for describing relevant personal factors and their influences on a person's functioning" but found that "classifying these factors is most useful when the criteria reflect the country-specific social and cultural environment and its particular linguistic terms" (p.3).

Among others, some of the proposals for the list of personal factors set out by Grotkamp et al., (2012) include mental factors such as personality and cognitive factors that cover a broad range of categories that are at least partially modifiable. Attitudes, basic skills and behaviour patterns were factors that are more associated with lifestyle even though basic skills that influence functioning and disability were considered to be relevant categories. Life situation and socioeconomic/ socio-cultural factors were also presented in the list of personal factors (Grotkamp et al., 2012). Similarly, environmental factors of the ICF "make up the physical, social and attitudinal environment in which people live and conduct their lives" (WHO, 2001:10).

Disability as a development issue

Human Rights and access to information are intricately linked to an adequate standard of living. The right to an adequate standard of living is enshrined in a number of international instruments. Article 11 of the International Covenant on Economic, Social and Cultural Rights (UN, 1966) and Article 28 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) (UN, 2006) both address the need for an adequate standard of living. However, an 'adequate' standard of living is mostly dependent on a person's ability to work and have a sustainable income.

The WHO estimates that there are over 650 million persons with disabilities worldwide, 80% of whom live in developing countries (WHO, 2011). The international development community is beginning to recognise that persons with disabilities constitute among the poorest and most vulnerable of all groups, have less access in terms of education, health care, employment, income, social support and civic involvement and thus must be a core issue in development policies and programmes (Groce et al., 2011). There is also a growing body of research that indicates that disability and poverty are closely linked (Yeo & Moore, 2003; Braithwaite & Mont 2009; Kett, Lang & Trani, 2011; Palmer 2011; Mitra, Posarac & Vick, 2012); as a consequence, it has become increasingly recognised that disability is an important issue in poverty reduction and poverty alleviation efforts (Groce et al., 2011; Loeb, Eide, Jelsma, ka Toni & Maart, 2008).

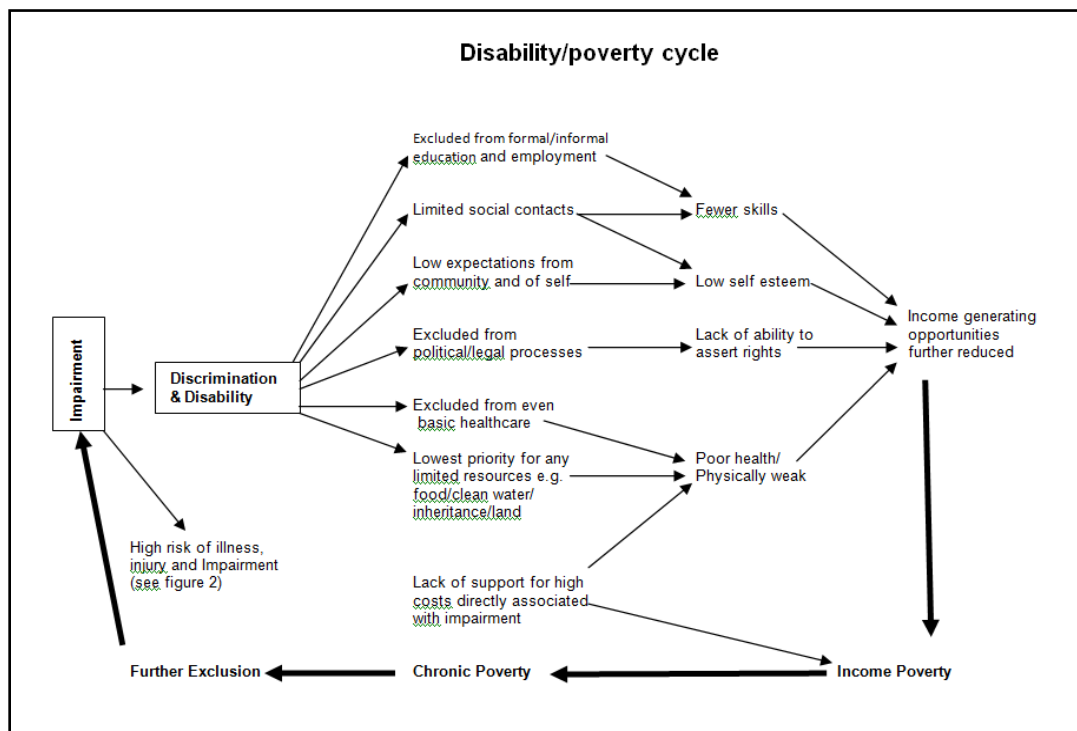


Figure 1: Disability/poverty cycle (Yeo & Moore, 2003)

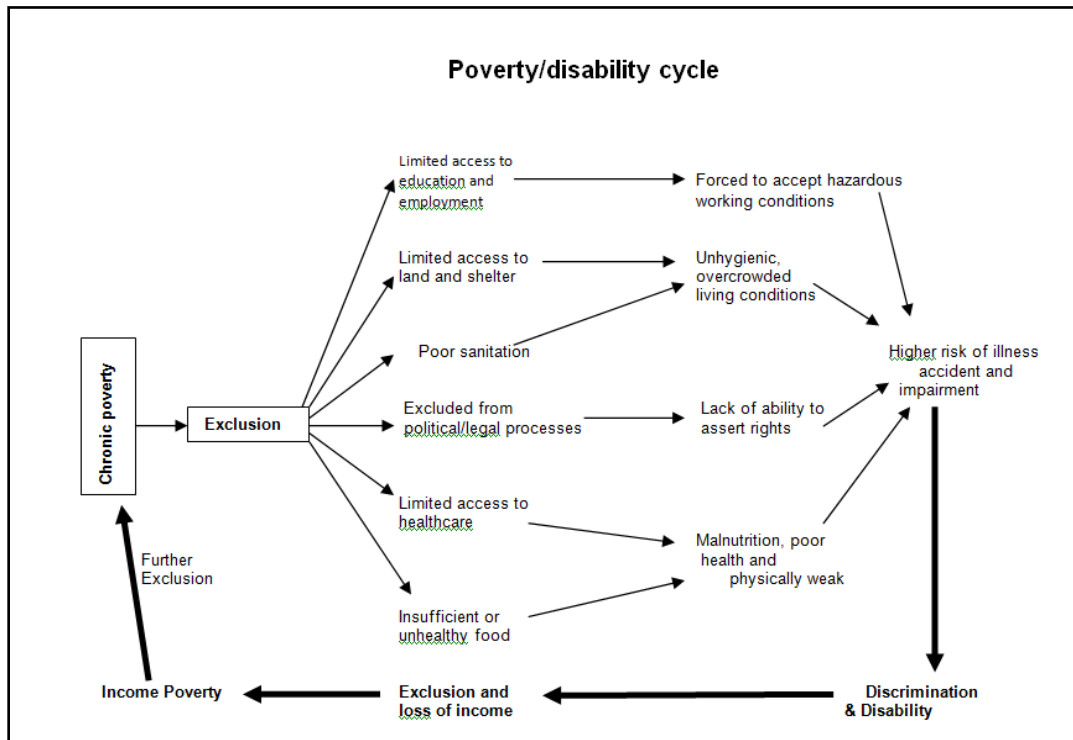


Figure 2: Poverty/disability cycle (Yeo & Moore, 2003)

To counter global poverty, the Millennium Development Goals (MDGs) were eight development objectives set by the UN and membership organisations for the global community which were to be achieved by 2015. The MDGs represented a concerted effort to address global poverty, yet there was a striking gap in the MDGs: persons with disabilities were not mentioned in any of the eight Goals or the attendant 21 Targets or 60 Indicators, nor in the Millennium Declaration. This was of particular concern because the most pressing issue faced globally by persons with disabilities which results in them having disproportionately high rates of poverty is their lack of equitable access to resources such as education, employment, health care and the social and legal support systems, and not their specific disability (WHO, 2011). Building on the MDGs, the 17 Sustainable Development Goals (SDGs) are broader and more ambitious than the MDGs, presenting an agenda that is relevant to all people in all countries to ensure that "no one is left behind"(UN, 2015). The new agenda requires that all three dimensions of sustainable development – economic, social and environmental – are addressed in an integrated manner. As a result, the 2030 agenda for sustainable development has specifically mentioned 'persons with disabilities' or 'disability' and included disability in the following five goals (UN, 2015).

Goal 4: Guaranteeing equal and accessible education by building inclusive learning environments and providing the needed assistance for persons with disabilities

Goal 8: Promoting inclusive economic growth, full and productive employment allowing persons with disabilities to fully access the job market

Goal 10: Emphasizing the social, economic and political inclusion of persons with disabilities

Goal 11: Creating accessible cities and water resources, affordable, accessible and sustainable transport systems, providing universal access to safe, inclusive, accessible and green public spaces

Goal 17: Underlining the importance of data collection and monitoring of the SDGs, emphasis on disability disaggregated data

It is evident that a concerted effort is made to address poverty and include persons with disabilities in the agenda for sustainable development. The reality is that disability and poverty are closely linked; therefore, it is imperative that the reader gains an understanding of disability as a development issue in a South African context, and to what degree the influences of oppression in the apartheid era continue to linger.

South African Government efforts

Current estimates place the number of persons living with a moderate to severe disability in South Africa at approximately four and a half to five million people or 10% of the population (Statistics South Africa, 2011). The country has a very active disability movement which has long sought equal rights for persons with disabilities through the involvement in the anti-apartheid struggle. Nonetheless, South Africa is well known as an unequal society with high rates of unemployment and poverty where able-bodied persons struggle to gain fair access to skills, to work, to education, and to recreational and cultural pursuits (Swartz & Schneider, 2006). How much more are these struggles magnified for persons with disabilities who have not had opportunities to develop adequate skills, and often have inferior education or in many cases no education at all, and where unemployment is high?

To redress the inequality of the past and to align with the South African Constitution, South Africa ratified the UNCPRD in 2007. This redress is made manifest in South Africa's legislation which adheres to the rights of persons with disabilities. Article 27 of the UNCPRD specifically addresses the right to work and employment (UN, 2006). This Article ensures disability inclusion and equal opportunities for persons with disabilities in development opportunities. Skills development and employment opportunities have been identified as a fundamental human right in the transformation agenda for persons with disabilities. This was expressed through the numerous policies that were developed post-apartheid that focused on disability such as those pertaining to workplace inclusion, business ownership, and inclusive education. Examples of these are the Employment Equity Act of 1998 (Department of Labour [DoL], 1998) and documents such as the Code of Good Practice on Key Aspects of Disability in the Workplace (DoL, 2001a). Further efforts were made when the DoL launched a Technical Assistance Guideline on the Employment of People with Disabilities in 2003 (DoL, 2003b). Through this document practical advice became available that covered all aspects of employment for persons with disabilities in the workplace. Also in 2003, the Broad-Based Black Economic Empowerment (BBBEE) Act (Office of the Presidency, 2003) was introduced into South African law that was aimed at increasing the number of persons with disabilities who managed, owned and controlled business enterprises. In 2000, a 2% target was set for employment equity of persons with disabilities for all government departments (DoL, 2015). The Employment Equity Act assured transformation in the workplace through the implementation of affirmative action measures for previously disadvantaged groups, based on race, gender and disability.

Due to lower levels of education and inadequate skills among persons with disabilities, the Department of Higher Education and Training (DHET) set out strategies to improve the capacity of the post-school education and training system to meet South Africa's needs. This initiative has resulted in programmes such as learnerships becoming available via partnership initiatives between the Sector Education and Training Authorities (SETAs), post-school educational institutions and employers (DHET, 2012). The post-school system is understood as comprising all

education and training provision for those who have completed school, those who did not complete their schooling, and those who never attended school. One of the main purposes of the post-school system is to prepare workers for the labour market, to enable individuals to earn sustainable livelihoods through self-employment or establishing a company or cooperative (DHET, 2012).

The White Paper on the Rights of Persons with Disabilities (WPRPD) (NDSD, 2016) was aligned with the disability-inclusive SDGs which was adopted by the United Nations General Assembly in September 2015. The WPRPD does not introduce a policy shift nor does it replace any sector specific policies on disability. It updates South Africa's 1997 White Paper on an Integrated National Disability Strategy (INDS) (ODP, 1997) and integrates obligations of the UNCRPD with South Africa's legislation, policy frameworks and the National Development Plan 2030 (National Planning Commission, 2012). To achieve full inclusion, integration and equality for persons with disabilities the WPRPD is intended to accelerate transformation and redress (DSD, 2015). The primary responsibility for disability equity lies with local, provincial and national government as well as other sectors of society. The WPRPD reiterates that it also allocates responsibilities to persons with disabilities and their families (DSD, 2015).

Despite the country's progressive legislation which has enabled the implementation of policies that support the employment of persons with disabilities as well as post-school strategies, there has been a slow pace of improvement in the employment of persons with disabilities in both the public and private sectors. Persons with disabilities only account for 83 325 or 1.2% of the total number of employees, according to the Commission of Employment Equity (CEE) (DoL, 2016). Local Government employs the highest percentage of persons with disabilities at 1.9%, whereas educational institutions employ the least at 0.3%. The 2% target set for employment equity in 2000, has never been met.

Number of employees including figures for persons with disabilities by Business Type				
Business Types	Total workforce	Persons with disabilities	Percentage of PWD	
			2015	2014
National Government	182 167	2 285	1.3%	1.9%
Provincial Government	622 564	6 422	1.0%	0.8%
Local Government	177 196	3 281	1.9%	1.3%
Private Sector	5 383 582	63 830	1.2%	1.1%
Non-Profit Organisations	201 285	2 750	1.4%	1.3%
State-Owned Companies	187 294	3 636	1.9%	2.7%
Educational Institutions	333 052	1 121	0.3%	1.5%
TOTAL	7 087 140	83 325	1.2%	1.2%

Figure 3: 16th Commission for Employment Equity Annual Report (2016)

There can be no doubt that enormous progress has been made in the compliance with UNCRPD regulations by addressing the needs of persons with disabilities at a legislative and policy level. To counter poverty and bring about economic empowerment among persons with disabilities, the South African government introduced a social security system which allowed disability grants to be awarded to beneficiaries based on a set of criteria (DSD, 2004b). A disability grant is a means-tested social assistance mechanism aimed at providing the poorest persons with disabilities with some means of survival. In South Africa, other measures of poverty such as education and employment remain divisive for persons with disabilities despite the improved financial situation of households with a disabled family member in terms of the allocation of disability grants (Loeb et al., 2008).

Access to information

People require information daily to make decisions about life activities, relationships, community participation, employment, education, services and technology, among others. Persons with disabilities require the same information as everyone else and need to know how to access it. However, many persons with disabilities often have less access to basic information about their rights due to poverty or inaccessible environments, and in many cases, they do not have the resources necessary to seek or receive information (Mathiesen, 2008).

For people to have a 'minimally good life', it is essential that they have access to information if they are to have the capacity to exercise their other rights (Mathiesen, 2008). In South Africa, the right to access to information is also known as the right to know and was enshrined in the South African Bill of Rights (Section 32) (1996). This adheres to Article 4 of the UNCPRD in which the state undertakes to provide accessible information to persons with disabilities (UN, 2006). Without the possibility of accessing information, persons with disabilities can become further marginalised as they do not have the means to access their rights. It is impossible for persons with disabilities to take effective action and bring about change unless they have information that is relevant, timely and presented in forms that they can understand (World Bank, 2002).

When looking at how persons with disabilities gain access to information, results mostly point to Information and Communications Technology (ICT) or Information Technology (IT). A recent report on the ICT opportunity for disability inclusive development suggests that the disposition of the UNCPRD must be implemented. It also suggests that the post-2015 development agenda should reflect its guidelines on accessibility to ensure social and economic inclusion of persons with disabilities (International Telecommunications Union [ITU], 2013). The use of ICTs will allow the removal of many of the barriers faced by persons with disabilities such as accessing, participating and being fully included in social activities, as well as economic and political activities. The report states that "these ubiquitous technologies have become a positive force of transformation and a crucial element of any personal development/empowerment and institutional framework for inclusive development" (ITU, 2013, p.14). The lack of access to ICT accessibility technologies remains a significant barrier which is observable in all areas of

development. The report further states that "limited availability and use of ICTs in general greatly constrains the use of such technologies as a solution to tackling development challenges. This barrier exacerbates the social, educational and economic inequalities for persons with disabilities living in countries where the lack of access to ICTs and capacities to use them is a societal issue" (ITU, 2013, p.32). To help realise the full and equal participation of persons with disabilities in society, this development could mould the future of sustainable development for all (International Telecommunications Union, 2013).

ICT in a South African context

The first country report on the implementation of the UNCRPD compiled by the Department of Women, Children and Persons with Disabilities (DWCPD) has allowed South Africa an opportunity to critically analyse the situation and status of persons with disabilities in the country (DWCPD, 2013). When looking at how the country fared in providing ICT avenues for access to information, the report states that information is available on government department websites on disability services and on the rights of consumers with disabilities. The Departments of Social Development, Health, Labour and Home Affairs, and the Thutong Education Portal on the Department of Basic Education website provide online information, but these websites are not always accessible to persons with visual impairments and are often difficult to navigate. Websites of organisations of and for persons with disabilities mainly contain impairment-specific information, information on the rights of persons with disabilities and the UNCRPD, although not all are accessible for persons with visual impairments (DWCPD, 2013).

The report further states that a disability portal, the National Accessibility Programme (NAP) was a partnership project between Government, the African Advanced Institute for Information and Communication Technology, and the disability sector, and was launched in 2008. The aim was to position it as "an integrated service provider to the disability community and industry offering accessible technology services, communication services, data synthesis services and other commercial services" (DWCPD, 2013, p.16). NAP was thus targeted as a one-stop information,

services and communications channel. The initiative has, however, not progressed as planned and is currently under review. The report claims that access for persons with sensory and intellectual impairments to websites of the public, private and disability sectors remain challenging (DWCPD, 2013).

For many persons with disabilities the advent of IT has allowed the idea of autonomy to become a reality through the ability to communicate freely and access information and services. For many it is a far cry from reality. In fact, it is generally recognised that there has not equal distribution of the benefits of both social and economic development. How then do persons with disabilities, who are disproportionately represented in the poorest sector of the population, gain access to information?

Background to Disability Advice Desks (DADs)

The Institute for the Promotion of Disabled Manpower (IPDM) is a non-profit organisation (NPO) which operates in the Cape Metropole, Western Cape. It is a service and resource provider that furthers vocational opportunities for persons with disabilities in order that they may reach their individual potential and access sustainable employment. Established in the late 70s, it provides a uniform platform for organisations, companies and individuals seeking solutions to the many challenges associated with employing persons with disabilities. IPDM was registered as a welfare organisation in 1982 and changed to a NPO in August 2001. IPDM is the economic arm of the Western Cape Network on Disability (WCND). The WCND serves as the umbrella body for disability organisations in the Western Cape.

In 2009, IPDM embarked on a pilot project which aimed to provide access to information for persons with disabilities. The aim was to refer them to organisations and community facilities that could provide support in their quest. The outcome proved the need for community based 'walk-in' Disability Advice Desks (DADs) where enquiries and matters related to work and skills development opportunities for persons with disabilities and guidance on available resources could be passed on to them. (IPDM Resource document, 2011). In 2011, IPDM initially identified three geographical areas in conjunction with the Department of Social Development (DSD) for

the DADs roll out; these were Gugulethu, Phillipi and Athlone. The project discontinued due to the unavailability of original role players but commenced again in 2012 with the appointment of a new administrator.

Collaboration with the South African Social Security Agency (SASSA) had ensured that the first DAD was set up in one of their offices, and the project has since spread to six geographical areas in the Cape Metropole. These collaborative partnerships were established with three SASSA offices, two government health facilities and a government rehabilitation facility. The DADs in this study are situated in Mitchells Plain, Gugulethu, Delft, Athlone, Lotus River and Retreat. Limited funding from the DSD curtails the amount of days the DADs operate in each area. Even though the DADs only operate on certain days, this arrangement ties in with the host service provider's schedule. For example, all SASSA offices have specific days each week dedicated to clients with disability related issues, therefore, the DADs only operate on those specific days at SASSA. This arrangement ensures that the service can be provided to the maximum number of persons with disabilities at a specific site. The data collected at the DADs refers to the information collected via surveys from the client who has approached the DAD. There are three types of services provided at the DADs:

1. Providing access to information on available opportunities such as:

- ☐ About disability
- ☐ Employment
- ☐ Skills development initiatives and
- ☐ Events in the respective communities according to the community calendar e.g. the health calendar as it relates to disability

2. Creating awareness and building links with Disabled People's Organisations (DPO) in the areas where the DADs are managed

3. Acting as a referral agent for individuals who have enquiries about services in their local and surrounding communities. (IPDM, 2011)

In addressing the gaps in the dissemination of information on available services and skills training, this study sets out to explore the role of the advice desk project at improving access to information for persons with disabilities, their family members and the community. This objective is echoed by the WHO in which they define Community Based Rehabilitation (CBR), particularly in developing countries, as “a strategy within general community development for the rehabilitation, poverty reduction, equalisation of opportunities and social inclusion of all persons with disabilities” (WHO, 2010, p.24). The literature in Chapter 2 will describe how CBR is relevant to this study and which of its components link directly with the objectives of the DADs.

The problem addressed in this study

The Western Cape Youth Development Strategy estimates that 48% of young people living in Cape Town between the ages of 15 and 24 are unemployed (Western Cape Gov, 2013). The issues that affect young people, such as access to education, employment, health care and social services, also affect youth with disabilities, but in a far more complex way (Western Cape Gov, 2013). There is evidence that unemployment is high among youth with disabilities in South Africa (Lorenzo & Murray Cramm, 2012), and as a result poverty remains a major challenge for persons with disabilities. To address this problem and align with South Africa’s legislation, empowerment strategies such as the Employment Equity Act (DoL, 1998), the Skills Development Amendment Act (DoL, 1998) and the Code of Good Practice (DoL, 1998), amongst others, were implemented to ensure that employment of persons with disabilities is supported. Despite these strategies, the unemployment among persons with disabilities remains high.

Research into the employability and employment of persons with disabilities in the Public Service in South Africa found that persons with disabilities do not apply for posts in spite of the fact that posts are clearly targeted for persons with disabilities (Sing, 2012). Factors that assist and/or alienate persons with disabilities to access information could be varied but points largely to IT and the digital divide, and the experiences, barriers and opportunities facing persons with disabilities (Vicente & Lopez, 2010). If persons with disabilities are to address other areas in their

lives that are lacking, and cannot access information via IT to do so, then alternative ways are necessary for them to access information. The problem therefore addressed in this study, is to explore the role of the DADs in making information accessible to disabled youth which could lead to livelihood development opportunities in the Cape Metropole.

Research question

What are the experiences of disabled youth in accessing information from the DADs which may promote their participation in livelihood development opportunities?

Purpose of the study

Recent studies in the Northern and Eastern Cape show that youth with disabilities are uninformed about opportunities for accessing skills development due to inaccessible services and the inability to identify potential stakeholders (Lorenzo et al., 2013; Ned-Matiwane & Lorenzo, 2016). This problem is evident in the country's Baseline Country Report which states that persons with disabilities do not have access to information in accessible formats (DWCPD, 2013). Although both studies show that youth with disabilities do not have access to information, very little research is focused on existing channels of information other than IT. This led the researcher to question existing channels of information to persons with disabilities and how effective these channels of information are, one such channel being the DAD. For wider government initiatives and the UNCRPD to work effectively, it is imperative to know how youth with disabilities are actually accessing information that could lead to livelihoods development opportunities.

Aim

The study aims to explore the experiences of disabled youth and the disabled service providers in accessing information that facilitates the participation of disabled youth in livelihood development opportunities in the Cape Metropole.

Objectives

- To describe the role and function of the DADs in assisting disabled youth in accessing information that facilitates participation in livelihood development

- To describe the experiences of the DAD service providers in assisting disabled youth to access information that facilitates participation in livelihood development
- To identify the factors (enablers and barriers) that influenced disabled youth accessing the DADs for information on the livelihood development opportunities
- To make recommendations related to the information dissemination strategies of DAD to facilitate participation in livelihood opportunities

Summary of Chapter 1

This chapter introduced the research study by looking at issue of belonging and a brief perspective of the medical and social model of disability. The chapter continued by discussing the personal factors as it related to ICF. It then described disability as a development issue and illustrated how disability and poverty were linked. Global poverty eradication instruments such as the MDGs and the SDGs were focused on in this section. The chapter then introduced the government strategies that were in place that aligned to international efforts and adhered to the rights of persons with disabilities in terms of policy development and implementation. The importance of access to information was then highlighted, particularly the role of ICT. The reader was introduced to the background of the Disability Advice Desk project and the role it played in providing access to information for disabled youth which formed part of the contextual background of this research study. The chapter continued with the research problem, the research question and the purpose of the study, and lastly, it set out the aims and study objectives. In Chapter 2, I present an overview of the literature that informed this study.

Chapter 2

Literature Review

Introduction

This chapter explores the literature which follows the set of objectives that guide the study. It begins by looking at Community-Based Rehabilitation (CBR) as a framework for the study. The importance of building collaborative relationships in rendering services to communities is explored. Insights are shared into the role of Community Development Workers (CDWs) and how the experience of disability can be harnessed through peer support. The literature then focuses on confronting disabling attitudes towards disability and how this might impact job-seeking behaviour. Current studies related to the role and impact of digital technology is reviewed, with particular focus on ICT and the UNCRPD and on ICT and the NGO sector in South Africa. Lastly, the literature sheds light on the barriers facing persons with disabilities such as poverty, crime in townships, accessing public transport and the ignorance of available services. Some of the fields of study presented were poorly researched therefore some of the literature is not current.

CBR Guidelines

The CBR Guidelines emphasise the importance of human rights through five components, namely health, education, livelihood, social and the empowerment of persons with disabilities (WHO, 2010). This study focused on the livelihood and empowerment components as a theoretical framework to guide the study. The livelihood component identifies five elements which address skills development, waged employment, self-employment, financial services and social protection (WHO, 2010). These elements link directly to the objectives of the Disability Advice Desks (DADs) as they relate to training, work opportunities and financial resourcing. The empowerment component supports the elements of advocacy and communication, community mobilisation, political participation, self-help groups and disabled people's organisations (WHO, 2010).

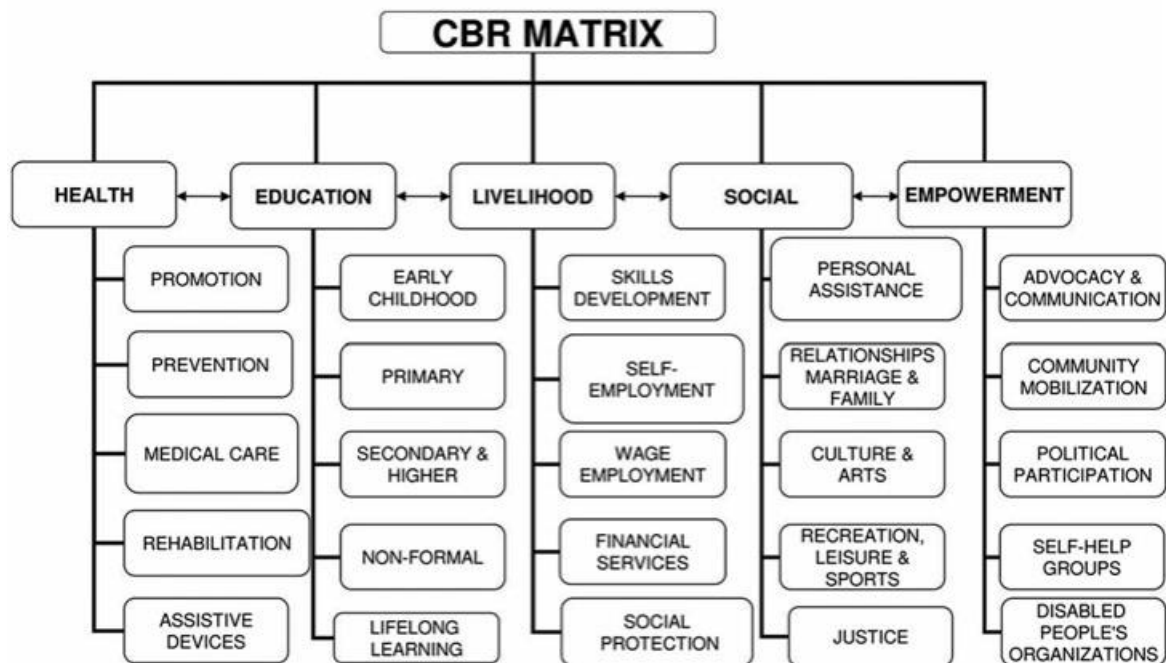


Figure 4: The CBR Matrix (WHO 2012)

The CBR framework focuses on the facilitation of inclusion of persons with disabilities, their families and communities in development strategies. A crucial factor to consider, as it relates to this study, is that in CBR, collaborative efforts between CBOs, NGOs and government are encouraged.

Building collaborative relationships

The aim of CBR is disability inclusion, to achieve equal opportunities by and for disabled people and their families, in collaboration with service providers across sectors, disabled people organisations (DPOs) and communities (WHO, 2010).

The deep-seated problems such as poverty, ill-health and the inaccessible environment are realities that many persons with disabilities face (Mitra, Posarac & Vick, 2012). They cannot be solved by one agency on its own and have frequently led to collaborative efforts across different government sectors to solve them (El Ansari & Phillips, 2001). Public, private, and non-profit institutions and organisations often work together in a coalition which can be described as an

organisation of organisations working together for a common purpose (Himmelman, 2001). Coalition strategies for working together are described by Himmelman (2001) as networking, coordinating, cooperating or collaborating, and can be formed with communities, neighbourhoods and constituencies. He defines cooperating as exchanging information, sharing resources for mutual benefit to achieve a common purpose, and even altering activities. Shared resources can encompass a variety of human, financial, and technical contributions, including knowledge, staffing, physical property, access to people and money, among others (Himmelman, 2001).

Himmelman's (2001) research highlights two key principles which he calls collaborative betterment and collaborative empowerment. Collaborative betterment begins outside the community and is brought into the community by public, private, or non-profit institutions. This collaborative strategy tends not to produce long-term ownership in communities or to significantly increase communities' control over their own destinies, but it can produce policy changes and improvements in program delivery and services. Having the capacity to set priorities and to control resources is how Himmelman defines empowerment as these are essential for increasing community self-determination. Collaborative empowerment is brought to the public, private or NGO sectors and starts within the community. In this study, he draws attention to two basic empowerment strategy activities: (1) to organise a community in support of a collaborative purpose determined by the community and (2) to facilitate a process for integrating outside institutions in support of this community purpose. Policy changes can be produced through the empowerment approach that could result in improvements in programme delivery and services (Himmelman, 2001). For the context of this study, the collaborative process adopted by IPDM is collaborative betterment as the DAD project was initiated outside and brought into the community. The literature that follows will show how collaboration between sectors and government can enhance the capacity of each other for mutual benefit to achieve a common purpose.

In a study in the UK, one of 22 national projects created by the UK Office of the Deputy Prime

Minister aimed to establish a sustainable multi-agency approach by meeting the challenge of transformation in the delivery of local public services (Gannon-Leary, Baines & Wilson, 2006). The demand for collaboration led local authorities in England to work in partnership with service providers and IT suppliers. The aimed of the project was to support collaboration and interaction between professions in a particular set of services, for example, to vulnerable older people or children with disabilities through effective and appropriate exchange of information. All the projects involved Social Services but also included Health, Education, the Police and voluntary sector agencies, who participated as partners in some of the projects. This project could be likened to the various South African government agencies such as SASSA, DoH, DSD and the partnerships established with NGOs and DPOs on programmes and projects servicing the communities, the DADs being an example of such a project.

The results of their study show that for collaboration to be successful, there has to be joint efforts from all levels, that is, senior management and frontline staff who have a vital role in the integration of the project. The study emphasised that communication was vital and that negative interactional patterns can be a consequence of poor communication (Gannon-Leary, Baines & Wilson, 2006). This cooperative approach required greater organisational commitments where shared resources and a substantial amount of time, high levels of trust and access to each other's turf were all required (Himmelman, 2001).

When looking at studies conducted on collaboration in South Africa, three studies are focused on over a period of 12 years, the first being El Ansari and Phillips (2001), who critically reviewed the challenges to collaborative working in five community partnerships. The discussion highlights the insights that partnerships offer within the context of the post-apartheid restructuring and development, and clarifies the extent to which potential barriers could affect the stakeholder groups. An evaluation of these partnerships demonstrated that to be more community responsive it was necessary for all stakeholders to forge closer working relationships. It stated that the limited structural and operational dimensions could prove a major constraint to effective partnership functioning (El Ansari and Phillips, 2001). Like the study above, a cooperative at this

level required high levels of commitment, time and trust. Although the focus of this study was on primary health care practitioners who required the active involvement and ownership of the communities in which they practiced, some of the lessons learned from these South African cases could be applied to the DADs and IPDM. Sound leadership skills, regular and effective communication, and reliable member expertise and capabilities are crucial elements in the partnership equation (El Ansari & Phillips, 2001).

The studies above reflect how commitment was necessary from all stakeholders if services to the communities were to improve. Lorenzo and Joubert (2011) echoed this principle in a study that focused on reciprocal capacity building between six higher education institutions in South Africa, community-based organisations and DPOs. The study was based on collaborative disability research to explore how youth with disabilities from vulnerable communities in South Africa are able to sustain their livelihoods given the high levels of poverty and inequality. An approach that was adopted throughout the research process was building collaborative relationships that are fundamentally inclusive. One of the themes that emerged from the findings was the importance of creating systems and structures. The need to create a workable management structure was recognised by the research team in order for such a collaborative research endeavour not to become a burden. Building cooperative working relationships required systems for coordination, communication and conflict management. Whilst the process helped to mobilise resources to improve service provision and simultaneously build the capacity of participants and their families, the study also provided opportunities to learn strategies to address poverty alleviation and sustain livelihoods of youth with disabilities as the future adult generation of South Africa (Lorenzo & Joubert, 2011).

While the three studies above focused on interagency coordination, community partnerships and reciprocal capacity building, in trying to establish how services were accessed by youth with disabilities in Cofimvaba in the Eastern Cape, the findings showed different results. The study explored the capacity of family and service providers to facilitate access to skills development opportunities for youth with disabilities (Ned-Matiwane, 2013). The findings indicated that the

barriers that hinder economic inclusion are limited intersectoral collaboration or collaborative relationships. There was also mistrust of local governance structures, and information about available development opportunities was not reaching youth with disabilities or their families. The youth with disabilities were unaware, uninformed, and not accessing opportunities, even though resources were available. It was found that the absence of collaborative relationships contributed to information not reaching youth with disabilities and their families about available development opportunities (Ned-Matiwane & Lorenzo, 2016).

In seeking to address persons with disabilities' opportunities for participation, Lorenzo, Duncan, Buchanan and Alsop (2006) argue that networking and intersectoral collaboration are essential for strengthening referral systems as well as ensuring successful disability awareness and inclusion. It is clear from all the studies above that if collaborative partnerships are going to succeed, there must be effective communication at all levels and inside each partner organisation. In addition, strong feedback loops should be outlined from the beginning of the relationship so that all stakeholders receive timely information. It is evident that intersectoral action has become increasingly compelling in South Africa's national planning and can be found in many policy areas (Duncan, Sherry & Watson, 2011).

The call for partnerships across sectors has encouraged both public participation and intersectoral working. CDWs play a key role in this process by increasing social inclusion and mainstreaming disability. It is important to gauge what the role and capacity is of CDWs and how this could apply to the study at hand.

Role of CDWs in CBR

A recent study showed that community-based disability development workers are an important vehicle for CBR programmes where persons with disabilities are engaged, together with their families and communities in a range of rehabilitative, educational and advocacy activities, frequently aimed at increasing social participation and inclusion (van Pletzen, Booysens & Lorenzo, 2014). The study identified the competencies of CDWs in rural communities of South Africa, Botswana and Malawi. CDWs from a wide range of rural contexts, training backgrounds

and work environments were found to have the potential to contribute to mainstream social and economic development goals. What was interesting was that the majority of the CDWs in this study were exposed to disability either by personally having a disability or through family members who have a disability. CDWs' knowledge, experience and understanding of disability in resource limited communities may constitute an important local resource for helping to address the inter-related effects of poverty and disability in developing countries.

When looking at the capacity of CDWs related to training, all the CDWs underwent some form of training (van Pletzen, Booysens & Lorenzo, 2014). The training had a general social, community or psychosocial focus and was not specific to disability. The aim was to create multi-skilled workers that were broadly equipped to facilitate community development and public-sector service delivery at the local government level through a one-year learnership programme. Some of the courses CDWs undertook included generic rehabilitation and cross-disciplinary training which covered a mix of discipline-specific knowledge, CBR training, and generic skills. Short courses and follow-up workshops were attended by several CDWs after initial training (van Pletzen, Booysens & Lorenzo, 2014). When looking at the factors affecting the career choice of CDWs in these three countries, it was interesting to note that CDWs have empathy and insights for the struggles faced by persons with disabilities growing up in rural areas (Rule, Kahonde & Lorenzo, 2015). The fact that CDWs had exposure to disability shows that they used their experience as a guide, which plays a critical role in restoring dignity and respect of persons with disabilities. As an organisation, IPDM could be guided by this study as it relates to the DAD service providers who, like the CWDs, have insights into living with disabilities and can be trained on a mix of disability-specific knowledge as the CDWs have been trained.

Experience of disability

When looking at literature that refers to the aspect of peer group training, it is evident that peer support is effective in bringing change about for persons with disabilities. The practice of peer support has increased over the last twenty years, with many more people recovering from mental illness, for example, being hired to provide peer support than ever before (Davidson, Bellamy, Guy & Miller, 2012). Studies on peer support among persons with severe disabilities found that

peer-delivered services generated superior outcomes in terms of engagement of clients who were 'difficult to reach' (Davidson et al., 2012). The peer supporter's life experiences of disability, stigma and recovery can be used most effectively to promote the recovery of others (Davidson, Chinman, Sells & Rowe, 2006). In addition to the positive uses of self-disclosure, Davidson et al., (2012) indicated that peer staff were trained in developing empathic relationships, using conditional regard, and role modelling self-care.

The studies above on CWDs and peer supporters shows how the experience of disability, either personally or through family members, aids in providing services to persons with disabilities and how this links directly to CBR. There is little doubt that CBR is a powerful facilitator for persons with disabilities to access services, but there are also many challenges that they encounter in striving towards livelihood development and improved well-being. Some of these challenges addressed in this study are the attitudes towards persons with disabilities which are explored in the section below.

Confronting 'attitudes' towards disability

There is a general assumption that persons with disabilities are not capable (Thomas, 2002; Mitra, 2006), that persons with disabilities have less potential because of their impairments (Berthoud, 2008) and that they are unproductive (Lengnick-Hall, Gaunt & Kulkarni, 2008). In a psychosocial approach to disability, Watermeyer (2006) describes 'Othering' as a particular behaviour which is viewed through a psychosocial lens. He asserts that our emotional responses to disability are often conflicted and influence the decisions we make regarding our individual and collective reactions to persons with disabilities. Watermeyer states

This refers to a process by which we identify a devalued other in society, in order that we may then attribute to members of that group those parts of our own experience and selfhood which we wish to disown. By constructing and regarding disabled people as broken, damaged, defective and dysfunctional, members of the broader non-disabled

society are able to reaffirm and reinforce an identity of being the opposite of these unwanted characteristics (Watermeyer, 2006, p. 33).

Othering could be experienced through stigmatisation and discrimination. Stigmatisation and discrimination are considered unique barriers that feed widespread misconceptions and restrict public awareness about disability issues, suggesting that the job-seeking behaviour of persons with disabilities becomes limited, therefore restricting participation in realising employment goals (Barkley, Watanabe, Solomon & Wilkens, 2009, cited in Dirks, 2013). A recent study in the United States looked at how disability identities were constructed as people searched for work (Brown, Hammer, Foley & Woodring, 2009). In the interactions with employment agencies, the participants who were persons with disabilities often made a distinction between agents who had disabilities and those who did not. The participants in the study stated that service providers without disabilities were perceived as unable to understand the difficulties associated with finding work for persons with disabilities.

When looking at the factors affecting the acceptance of persons with disabilities at work, a coherent review of literature from 48 articles covering the period 1996 to 2011 was presented by Vornholt, Uitdewilligen and Nijhuis (2013). The review shows how important work is for persons with disabilities because being disabled often means being socially isolated. It found that even persons with disabilities who were employed felt stigmatised and less included in the group of colleagues than non-disabled employees. The review claimed that respondents working in community agencies, social work or psychology generally held more favourable attitudes toward persons with disabilities than the general population. These favourable attitudes could be as a result of having had more regular contact with and possessing more extensive knowledge about persons with disabilities (Vornholt, Uitdewilligen & Nijhuis, 2013).

A recent study on the challenges faced by employees and organisations argued that unique challenges were encountered by workers with invisible disabilities compared to workers with visible disabilities and other concealable identities (Santuzzi, Waltz, Finkelstein & Rupp, 2014).

These challenges occur not only in the decisions of whether to disclose the invisible disability in the workplace (Santuzziet et al., 2014) but also the likely implications for the individual worker's health and social relationships. Stuart (2006) similarly argued that attitudinal barriers impact significantly on the participation of persons with disabilities in the open labour market.

It appears that disclosure can be empowering or disempowering. Some of the reasons for not wanting to disclose information may be the fear of stigmatisation and not knowing the benefits of disclosure (Sing, 2012). A concern highlighted by Sing (2012) that may discourage disclosure is the perceived overwhelming and intrusive nature of the information that must be provided to determine whether a person has an impairment or not. He states that in the South African Public Service for example it was discovered that there was a lack of rehabilitation programmes for public servants who became disabled because of injury. This omission was regarded as serious as it prevented public servants to continue work in a productive manner so as to benefit the Public Service as the employer and the person with a disability as the employee (Sing, 2012). Another cogent discovery alluded to by Sing on public service departments, was that they did not embark and pursue disability sensitisation and awareness programmes. Sing further stated that misunderstanding can result on the part of non-disabled persons because of not being sure how to interact and treat their disabled counterparts, which can lead to lack tolerance, arrogance and impatience. A threatening and uncomfortable work environment may also result causing mutual frustration, thus, undermining the quality of work life (Sing, 2012).

The favourable attitudes mentioned above by Vornholt, Uitdewilligen and Nijhuis, 2013 was not the case with development workers in the Eastern Cape. Ned-Matiwane (2013, p.126) found that service providers, particularly the development workers, had to "establish relationships and learn to work with disabled youth". The study also speaks about the service providers confronting "their attitudes towards disability" (Ned-Matiwane, 2013 p.126). An advocacy project undertaken in KwaZulu Natal to promote disability rights found that there were often reports of frontline workers in government departments who were abusive or discriminated against persons with disabilities (CREATE, 2013). Like Ned-Matiwane (2013), CREATE found that many of

these workers should have received training or an orientation to disability rights, but if they did they were either too overworked or too unmotivated to implement what they had learned.

These experiences raise the question: how does each individual contribute towards the stigmatisation of another? To transform the course of disability employment in the open labour market, Engelbrecht (2006) questions the extent to which persons with disabilities are equipped to challenge stigmatisation. Consideration needs to be given regarding the extent to which the private and public sector staff who have direct dealings with persons with disabilities are sensitised. Support and acceptance during the transition into the workplace help participants advance their social capital and integration as working citizens (Dirks, 2013). Similarly, enabling social environments promote positive role identity and pull persons with disabilities from the periphery into a welcoming society (Diamant & Waterhouse, 2005; Lorenzo, Van Niekerk & Mdlokolo, 2007; Lloyd & Waghorn, 2007, cited in Dirks, 2013).

The discriminating attitudes and stigmatisation are only some of the challenges persons with disabilities face. Building collaborative relationships across sectors can challenge the status quo and has encouraged both public participation and intersectoral working. One of the major 'connectors' in intersectoral partnerships is technology. The literature below explores how technology assists or alienates persons with disabilities in accessing information.

The impact of digital technology

[IT] serves as a medium for information gathering and sharing, which corresponds to power and control in society (Mirza, Anandan, Madnick & Hammel, 2006, p.1185).

ICT and the CRPD

Over the past few years, Information and Communication Technology (ICT) has become integrated into daily life, affecting the way people work, learn, shop, recreate, and communicate with others (Vicente & Lopez, 2010). More than that, the development of the internet has made possible unprecedented access to information. In an attempt to ensure that all citizens can access

and effectively use ICTs, policies are being established in many Western nations government to enable them to participate fully in the social, educational, and economic spheres and democratic processes, which make use of these technologies (Cullen, 2001; Cox & Marshall, 2007; Kozma, 2008).

The UNCRPD is not only a Human Rights treaty; it is also a blueprint for sound, inclusive development policies and programmes to ensure the full participation of persons with disabilities in all aspects of society (UN, 2006). Two of the UNCRPD Articles which are relevant to this study address issues relating to access of information and ICTs. First, is Article 9 on 'Accessibility', which states that States Parties shall take appropriate measures to "ensure that persons with disabilities have access, on an equal basis with others, to information and communications, including information and communications technologies and systems" (UN, 2006, p.9). Second, is Article 21 on 'Freedom of expression and opinion, and access to information' which states that States Parties shall take appropriate measures by "providing information intended for the general public to persons with disabilities in accessible formats and technologies appropriate to different kinds of disabilities in a timely manner and without additional cost" (UN, 2006, p.14). It is acknowledged that ICT is an umbrella term that includes any information and communication device or application and its content.

The Global Initiative for Inclusive Information and Communication Technologies (G3ict) is an Advocacy Initiative of the United Nations Global Alliance for ICT and Development, launched in December 2006 in cooperation with the Secretariat for the UNCRPD. In 2010, the G3ict presented the first UNCRPD Progress report, which was a compilation and analysis of an ICT global survey (Convention of the rights of persons with disabilities 2010 ICT Accessibility Progress Report, 2010). To contribute to efforts leading to the formulation of a post-2015 development agenda, a multi-stakeholder partnership adopted a participatory approach and carried out a global consultation to collect over 150 expert inputs from 55 countries across the world (UN, 2013). Survey data from the report looked at the ICTs for a disability inclusive development framework, and found that, mobile phones constitute the second-most valued ICT with regards to its

contribution for persons with disabilities despite being one of the newer technologies from the ICTs assessed. The report states that having a mobile device increases independent living for persons with disabilities, not only because a wide range of services can be accessed by this type of device, but also because those services can be accessed immediately at the time of need and from anywhere in the network. While function-specific devices may be cost-prohibitive for many persons with disabilities, the report states that operator-subsidised smart phones and tablets offer high-quality, easily-customisable systems for a fraction of the cost of a new computer. These devices are appearing on the market increasingly with built-in accessibility systems for users with visual and hearing impairments (UN, 2013). Furthermore, the prevalence of free applications on many of the popular apps markets enable low to no-cost software options for assistive and other services (UN, 2013).

In a South African context, the first country report implementation of the UNCRPD shows that surprisingly, there are no results indicating the divide between rich and poor, and that persons with disabilities are less likely to use or have home access to the internet than the general population, therefore less likely to access information. In South Africa, the inequities of the past are still evident. Many of the most marginalised are still excluded from education, proper housing, transport, employment, information and community life, and high concentrations of households are poverty stricken (Loeb et al., 2008). This inequity suggests that while the digital information age continues to expand, those who are from disadvantaged groups and are unable to access information in this manner may become increasingly disadvantaged (Cullen, 2001; Pilling, Barrett & Floyd, 2004; Dobransky & Hargittai, 2006; Servon, 2008; Vicente & Lopez, 2010). While technologies hold great promise for persons with disabilities since it has the potential to reduce many of the disabling barriers that prevent participation, the question to ask is: will the digital divide continue to expand, leading to more inequality and leaving portions of the population behind including persons with disabilities, or will the spread of ICT present opportunities for persons with disabilities and enhance equality?

Research into factors that assist and/or alienate persons with disabilities to access information is varied, but points largely to IT and the experiences, barriers and opportunities facing persons with disabilities (Dobransky & Hargittai, 2006; Servon, 2008; Macdonald & Clayton, 2013). The “digital divide” is used to describe the perceived disadvantage of those who either are unable or choose not to make use of these technologies in their daily life (Cullen, 2001). There are those with knowledge of information and communication technologies, and ready access to the tools needed for such access, and those without such access or skills (Servon, 2008; Vicente & Lopez, 2010; Pilling, Barrett & Floyd, 2004; Cullen, 2001). There is also a digital divide that is the gap between the state of ICTs and levels of access and utilisation of the internet in developed nations on the one hand, and the situation in less developed countries on the other (Cullen, 2001).

When looking at the digital divide from a global perspective, research done in New Zealand identified specific groups of people as being especially disadvantaged. These groups include people on low incomes, people with few educational qualifications or with low literacy levels, persons with disabilities, the unemployed, and people in isolated or rural areas, among others (Cullen, 2001). Similar research in the northeast of England investigated what impact digital technologies had in improving the life-chances for persons with disabilities from deprived neighbourhoods (Macdonald & Clayton, 2013). The study explored how persons with disabilities overcome disabling barriers and social exclusion by engaging with digital and assistive technologies. The analysis found no evidence that digital and assistive technologies had any impact on reducing social exclusion for persons with disabilities. On the contrary, the research discovered that as a consequence of the digital divide, new forms of disabling barriers seemed to be constructed by these technologies (Macdonald & Clayton, 2013)

Even though numerous barriers exist, the increasing spread of the internet holds much potential for enhancing opportunities for persons with disabilities (Dobransky & Hargittai, 2006). In research done in the United States, Dobransky and Hargittai (2006) draw on nationally presented data collected from the Bureau of Labor Statistics and the Census of the United States regarding internet use. Unlike the digital divide above, this study looked at the disability divide in internet access and use.

Their findings revealed that persons with disabilities are less likely to live in households with computers, are less likely to use computers, and are less likely to be online. Once socio-economic background improved, it was found that people with hearing disabilities and those with limited walking ability were more likely to become internet users (Dobransky & Hargittai, 2006). Their study also showed that people with reduced functioning may require more advanced and more expensive assistive technologies, creating more accessibility barriers to use. It is not surprising that the overall statistics presented in the study show considerably lower levels of use among those with impairments given that disability status is often associated with lower levels of income and employment. Not only is adaptive technology difficult to learn and expensive, it lags in development behind the technology to which it is supposed to enable access (Dobransky & Hargittai, 2006). The challenges of using the traditional ICTs to address social exclusions and access to employment range from high costs to inadequate skills amongst the targeted populations (Chigona, Beukes, Vally & Tanner, 2009). Studies in New Zealand, England and the United States show that persons with disabilities are less likely to live in households with computers, to use and have knowledge of computers, and to be online (Cullen, 2001; Dobransky & Hargittai, 2006; Macdonald & Clayton, 2013). How much more would this situation apply to persons with disabilities living in less developed countries?

Like most developing countries, South Africa is plagued with high levels of unemployment. With the difficulties in finding work and the rising cost of living, a recent study explored the role mobile internet may play towards alleviating social exclusion in developing countries (Chigona, Beukes, Vally & Tanner, 2009). The majority of work performed by socially excluded communities is blue collar work that requires job hunters to canvas potential employers. The study showed that the internet represents an alternative way to apply for jobs and thus gain access to the job market. It is now possible to apply online or to email résumés to potential employers instead of physically going from site to site looking for a job (Chigona et al., 2009). Since a significant number of the population in developing countries use mobile phones, it has been suggested that mobile internet may be the solution to the problem (Sinha, 2005). Arguments in favour of mobile

technologies as solutions include the fact that they are ubiquitous, affordable and easy to use (Chigona, Kankwenda & Manjoo, 2008). They found that usage of mobile internet amongst people who are socially excluded is low, mainly because internet-capable cell phones are still beyond the reach of people who are socially excluded and because of limited awareness of what mobile internet is and what it can achieve. Their study also shows that, while mobile internet has significant impact in addressing exclusion from social participation, its impact on economic as well political dimensions of exclusions is still limited (Chigona et al., 2009)

In trying to explore whether a digital divide exists among students from advantaged and disadvantaged backgrounds, the Organisation for Economic Co-operation and Development (OECD) found that a digital divide based on socio-economic status still persists in how students use technology even when all students have easy access to the internet (OECD, 2016). The report shows that over 98% of disadvantaged students in five Nordic countries, as well as Hong Kong, China, the Netherlands and Switzerland, have access to the internet at home. Disadvantaged students in low- and middle-income countries on the other hand have fewer opportunities to access the internet than advantaged students. In 21 out of 42 countries and economies, advantaged students spent less time on line than disadvantaged students. The report found that what students do with computers, is linked to students' socio-economic status. For example, advantaged students are more likely to read news on line or search for information whereas disadvantaged students tend to use the internet to chat or play video games at least as often as advantaged students do. This was true for all countries and economies. Reducing the gap of access to the internet for disadvantaged students in low and middle-income countries is important, but the evidence from high-income countries shows that inequalities persist even when all students have easy access to the internet as the inability to learn to use digital tools exist (OECD, 2016). The situation of ICT in South Africa is similar.

ICT and the NGO sector in South Africa

When looking at state of ICTs in the South African NGO sector, a recent survey conducted on 800 NGOs spread across the country, representing organisations of all sizes and interest groups,

found that while NGOs are leveraging technology, they are not close to achieving its potential (Southern African NGO Network (SANGONeT), 2009). The report claimed that more than half the NGOs interviewed stated that human rights were advanced due to the major impact ICT has had on their ability to strengthen their work. Although very few NGOs were interested in ICT issues to the same extent as their interest in other development issues such as housing, gender, human rights, education and so forth, NGOs are now "poised to explore the cutting edge of mobile technology and social networking in pursuit of their causes" (SANGONeT, 2009). The survey also revealed that NGOs were rapidly embracing advanced functions of cell phones. While only 25% of NGO decision makers use mobile browsers in their personal capacity, it was found that 48% of them use internet browsers on their phones to access information for their organisations. Conversely, the results showed that 51% used instant messaging on the phone for personal use, while only 16% used it in pursuit of the goals of their organisations (SANGONeT, 2009). What was interesting to note was that far less learning was needed in embracing these tools in pursuit of their organisation's causes because people are already adept at using social networks. The report further claimed that in the past, people learned how to use the internet from exposure at work and had taken that into their personal lives, whereas the reverse process is at work here.

While the research was directed at NGOs and their use of technology, the report did not specify the percentage of NGO's who focused on disenfranchised communities or those who worked with persons with disabilities for example. It is therefore difficult to gauge whether this report reflects NGOs working in the disability sector. However, there is no reason why NGOs working in the disability sector, especially those focused on the disenfranchised communities, cannot learn from this research. The point emphasised here is that while NGOs are leveraging technology, they are not close to achieving their potential. The question that arises is how does a NGO such as IPDM explore their potential by leveraging technology in pursuit of their causes. In other words, how could they assist persons with disabilities, who are either service providers in their employ or clients who approach them for assistance through the DAD project for example, through using technology?

Not having access to ICT could affect how persons with disabilities access information that could

lead to livelihood opportunities. However, these are not the only barriers persons with disabilities face who live in disenfranchised communities. The literature below explores how persons with disabilities face numerous barriers in their everyday lives and how these impact the way they access opportunities.

Barriers to accessing opportunities

Numerous barriers exist that prevent persons with disabilities from accessing opportunities. The barriers that are explored under this section are the links between poverty, crime and township life, public transport for economic inclusion and ignorance of available services.

Poverty

There has been much research done which indicates the links between poverty and disability (Braithwaite & Mont, 2009; Yeo, 2005; Palmer, 2011). The World Bank (2000) has stated that “poverty is pronounced deprivation in wellbeing.” Well-being comes from a capability to function in society (Sen, 1999; Nussbaum, 2006; Mitra, 2006). When people have insufficient income or education they often have reduced capability to function which results in absence of rights.

Many persons with disabilities are at greater risk of poverty than the general population and have fewer opportunities with regard to education and economic participation owing to discrimination and barriers in their environments (Mitra, Posarac & Vick, 2012; Mitra, 2006; Yeo & Moore, 2003). This is evident in South Africa where many persons with disabilities have never been to school or find it difficult to access and complete their education (Graham, Moodley & Selipsky, 2013). Even though policies were put in place to overcome and address the inequalities, persons with disabilities in South Africa are still disproportionately represented amongst poor and unemployed people and learners with disabilities very rarely benefit from mainstream education (Graham, Moodley & Selipsky, 2013). Inevitably, growth is impeded of South Africans with disabilities when optimal participation in society at large struggles to meet the needs of all its citizens in the broader context of a society (Swartz & Schneider, 2006, p.236). The environment in which many persons with disabilities are forced to live also exacerbates their poverty. It is imperative to gain an understanding of disability as a development issue in a South African context, and to what degree the influences of oppression in the apartheid era continue to linger.

Crime and township life

Poverty and the need for improved environmental accessibility are major challenges for persons with disabilities living in townships. The safety of persons with disabilities is a huge concern, especially in the lower socio-economic areas. Engelbrecht (2006) highlights the concept of 'victim' associated with persons with disabilities that imply helplessness, fate and being at the mercy of the environment. In considering the environment, it cannot be ignored that poverty amongst township families, because of the high levels of unemployment, have created the opportunity for gangs to exploit the vulnerable and the unemployed (Daniels & Adams, 2010). The number of gangs on the Cape Flats in the 1990s were approximately 130 and official estimates put their combined membership at approximately 100000 (Standing, 2005; Kinnes, 2000). The largest number of reported crimes in the Western Cape in 2015 totalled 118 979 (Crime Stats SA, 2015).

When looking at the statistics, it is easy to see why Daniels and Adams (2010) suggest that gangsterism in the Western Cape defines a dominant culture in many communities in the Cape Metropole, which has become more prominent and problematic. The 10 worst precincts were all within the Cape Metropole and two of these areas are where the DADs operate. Taking into consideration that many of the areas where the DADs operate are gang ridden, it is easy to see why persons with disabilities remain unemployed and poverty stricken. For persons with disabilities to access opportunities such as jobs or learnerships for example, they must leave the safety of their homes and go out into the communities. Jobs or learnerships are not likely to be found in the communities where they live which means that they would have to access public transport and commute to where they need to be. The rise in gangsterism and high unemployment coupled with inaccessible environments makes it easy for persons with disabilities to be perceived as trouble-free targets, particularly in large cities where they live on the outskirts and are forced to access public transport (Bailly & Gibson, 2013). Another area of concern is the accessibility of public transport for persons with disabilities.

Public transport for economic inclusion

Accessing public transport is essential for economic inclusion and mainstreaming of persons with disabilities. A recent participatory action research (PAR) study reflected the experiences of black women with disabilities in poor communities, which explored solutions to create an accessible public transport system as a strategy for development and social inclusion (Lorenzo, 2008). The study found that a significant number of the women sustained their impairment as a result of road traffic accidents or using public transport such as buses or taxis. Inaccessible public transport was identified as a critical structural, financial and attitudinal barrier, the latter on the part of the drivers and other passengers, to their development in their communities (Lorenzo, 2008). In another study on persons with physical disabilities' experiences of rehabilitation services at Community Health Centres (CHCs) showed that one of the main issues that arose was accessing transport because the public transport system was inaccessible to persons with disabilities (Kahonde, Mlenzana and Rhoda, 2010). The findings show that some of the problems the participants experienced were that local taxis would not stop for them, and that they would often have to hire transport from neighbours which strained them financially. This inaccessibility of public transport service resulted in poor attendance of treatment sessions at CHCs. Further studies on persons with disabilities who accessed opportunities for social and economic development found that due to geographical location, inaccessible public transport also impacted access to public services and facilities for persons with disabilities (Lorenzo, Mokgoboto, Cois & Nwanze, 2012; Lorenzo & Cramm 2012).

Discriminating attitudes, poverty, crime and township life, and inaccessible public transport are some of the barriers persons with disabilities face in developing livelihoods which could result in them having less access to basic information about their rights. In many cases, they do not have the resources necessary to seek or receive information (Mitra, Posarac & Vick, 2012; Mathiesen, 2008). Is it possible for them to take effective action that can bring about the necessary change for them to transform their lives? This aspect is explored further in identifying barriers to accessing information.

Ignorance of available services

It is impossible for people with disabilities to take effective action and bring about change unless they have information that is relevant, timely and presented in forms that they can understand (World Bank, 2002).

Research into the employability and employment of persons with disabilities in the Public Service in South Africa found that persons with disabilities do not apply for posts in spite of the fact that posts are clearly targeted for them (Sing, 2012). The reason for this behaviour could be the environmental barriers highlighted above, although it is not just the environmental barriers that present challenges. Numerous studies undertaken throughout South Africa report the struggles that persons with disabilities face in gaining livelihood assets. In the Northern and Eastern Cape, it was found that youth with disabilities are uninformed about opportunities for accessing skills development due to poor dissemination of information and limited awareness of services available for skills training (Lorenzo et al., 2013). Similarly, in a rural area of Eastern Cape, a study showed that although resources were available, information about available development opportunities were not reaching youth with disabilities or their families (Ned-Matiwane & Lorenzo, 2016). In a study of youth with and without disabilities in an urban area in Gauteng, similar findings show that inadequate information and knowledge of the availability and utilisation of services and programmes are barriers for youth with disabilities wanting to access socio-economic opportunities (Lorenzo, Motau & Chappell, 2012).

It is evident from these studies undertaken in both rural and urban settings that the problem lies with inadequate access to information, therefore raising awareness about available services and activities is important for youth with disabilities (Lorenzo & Cramm 2012; Duncan, Sherry & Watson, 2011; WHO, 2010). NGOs often provide community services and are dependent on donor funding, so they struggle to sustain their programmes (Lorenzo & Cramm, 2012) which means that awareness raising efforts also suffer. Some organisations have reported that even where a service level agreement is in place, funding does not always come through as agreed;

the disability sector as a result has expressed grave concerns regarding accessing government funding (DSD, 2012). For an effective service delivery environment, capacity-building, collaboration and agency is needed to create a sustainable environment for service delivery partners.

Summary of Chapter 2

The literature reviewed in this chapter presented the view that CBR was an essential factor towards facilitating services that could benefit persons with disabilities. It then showed how building collaborative relationships across sectors and implementing strategies that will support access to information could facilitate access to opportunities and ultimately improve the well-being of persons with disabilities. Much could be learned from CDWs and how the experience of disability can be harnessed through peer support. The literature then focused on the discriminatory attitudes and stigma persons with disabilities face. The literature showed how society identified persons with disabilities as a devalued 'Other' through widespread misconception that restricted public awareness about disability issues. The result of this misconception not only affected job seeking behaviour, but it could also discourage disclosure. This misconception also affected the way in which services were delivered to persons with disabilities. The role and impact of digital technology was reviewed and looked at the digital divide with particular focus on the UNCRPD and the NGO sector as it related to ICT. Lastly, the barriers that persons with disabilities faced were highlighted such as poverty, living in gang ridden communities where persons with disabilities were easy targets, accessing public transport and ignorance of available services.

The next chapter describes the methodology that was adopted to examine the experiences of persons with disabilities who have engaged with the DADs.

Chapter 3

Methodology

This chapter outlines the methodology and research strategy that are used in this study. It presents the research design, study population and sampling strategy, method of data gathering and data analysis that have been used to answer the research questions. It motivates why this strategy has been selected. In addition, it includes ensuring trustworthiness and ethical considerations that have been considered in this study.

Research design

In this qualitative study, the research design is a collective case study which is based on Stake's (1995) instrumental approach. An instrumental case study is undertaken to gain insight into and understanding of a particular situation or phenomenon. In this study, I am interested in understanding the participant's experiences of accessing information through the DADs in their communities, so the cases are instrumental. In an instrumental case study, the issues are dominant and of higher importance than the actual case (Stake 1995). He states that "issues are not simple and clean, but intricately wired to political, social, historical and especially personal contexts" (Stake, 1995, p. 17). I have chosen Stake's case study research design as it is more flexible than Yin's (2002), who not only suggests a really tight and structured design but also emphasises the necessity that researchers review the relevant literature and include theoretical propositions before starting to conduct any data gathering. Each proposition serves to focus the data collection, and determine direction and scope of the study, and together the propositions form the foundation for a conceptual framework (Stake, 1995). Baxter and Jack (2008) claim that propositions are helpful in any case study, but they are not always present. I discuss the use of propositions further under researcher reflexivity (see page 58). Propositions guide the study, but each must have a distinct focus and purpose which later guide the data gathering and discussion (Baxter & Jack, 2008).

The Case Study Strategy

The reason for choosing a case study method is that it allows a single aspect of a real-world problem to be explored in detail, in this instance, how youth with disabilities access information to facilitate their participation in livelihood development opportunities. Prior to this study, no research had been conducted on the Disability Advice Desk (DAD) programme. An exploratory case study is an appropriate research strategy to address the central question, which focuses on the role of the DADs in providing information on livelihood opportunities for youth with disabilities. The characteristics of this study include multiple sources of evidence, which are outlined in data gathering section. An inductive style of theorising complemented this approach by focusing on discovery and the solicitation of evidence that has driven the need for a solution.

In these cases, I have relied as much as possible on the participants' views of the situation. The participants include youth with disabilities who have engaged the DADs for information, as well as the service providers who are also persons with disabilities and work at the DADs. The guiding paradigm in this study is based on an interpretivist view. Creswell (2007, p.21) claims that "researchers that recognize their own background shapes their interpretation...position themselves in the research to acknowledge how their interpretation flows from their own personal, cultural and historical experiences". To add integrity to the study, I have engaged in researcher reflexivity as a tool which is discussed later (see page 49).

The researcher

I moved to Cape Town in 1980 when I was 10 years old and grew up in Mitchell's Plain in the Cape Flats. At the time Mitchells Plain was a newly developed residential area built for coloured people. If a person was classified as coloured under the Population Registration Act, they were uprooted from urban residential areas that were rezoned as white residential areas under the Group Areas Act of 1950 and restricted to live in these newly created Cape Flats townships.

In 1997 I was involved in a serious motor vehicle accident which left me paralysed and wheelchair bound. Having more than 20 years' experience living as a person with a disability and more than

15 years' experience working in the open labour market, I understand some of the challenges facing persons with disabilities in trying to find employment. In 2011, I was employed by the Institute for the Promotion of Disabled Manpower (IPDM) in the role of Administrator. The DADs was a recent project of the organisation with no dedicated staff member to oversee the implementation of the service and the management of the DAD, including staff relations. The project became part of my responsibility, which I began managing in 2012. This role involved building collaborative relationships with government service providers in the community, strengthening existing networks with NGOs and companies working in the field of disability, recruitment of members from the community to man the desk and complete other Human Resource activities, and marketing and administration duties, among others. I have a direct relationship with the DAD service providers and have first-hand knowledge of the challenges facing the organisation and the staff.

As a researcher, I recognise my own background and I understand how this could shape my interpretation of data. I also understand that I cannot 'un-know' what I know. In aligning with the interpretivist view, I have made an interpretation of what was found, an interpretation shaped by my own experiences as a person with a disability and by my background with the organisation.

Study population

The study population included youth with disabilities who have been on the DAD database seeking information or opportunities, as well as DAD service providers who are persons with disabilities. The population in this study all reside in or close to the communities where the DADs are situated.

Sampling strategy

In this study, purposive sampling was used to select individuals because they could purposefully inform an understanding of the research problem and central phenomenon in the study (Creswell, 2007). Two groups of participants were selected to participate in the study. The first group are four service providers who operate the DADs. These service providers are persons with disabilities and would have direct contact with clients who are also persons with disabilities. The second group are four youth with disabilities aged between 18 and 35 years. These individuals' information has been accessed through IPDM's client database. Through purposive sampling, participants have been selected because of their exposure to or their experience of the DADs and the service providers. This type of sample tends to ensure richness in the data (Fossey, Harvey, McDermott & Davidson, 2002).

Table 3: Profiles of participants

Service providers (Advice Desk Operators)	NAME	AGE	GENDER	EDUCATION	DISABILITY
	ANDRE	52	Male	University Degree	Psychosocial
	SHARON	49	Female	University Degree	Psychosocial
	NONNIE	27	Female	Grade 11	Cerebral palsy
	ELSIE	44	Female	Grade 11	Blind
Youth with disabilities	NAME	AGE	GENDER	EDUCATION	DISABILITY
	AARON	27	Male	University Degree	Acute Intermittent Porphyria
	TITO	35	Male	Matric	Epilepsy
	THEMBI	29	Female	Grade 11	Deaf
	ZUKO	34	Male	Grade 11	TB Spine

Inclusion criteria

The participants have been selected according to the following criteria:

- Participants must be persons with disabilities
- Participants should be from the communities where the DADs operate
- Participants from the second group (youth with disabilities) should have engaged with the DAD
- Participants can either be employed or unemployed
- Participants are proficient in either English or Afrikaans

Exclusion criteria

- People who have been on the database for more than one year
- People with intellectual disabilities
- People who are unable to communicate in either English or Afrikaans

Recruitment

The IPDM was approached to gain permission to conduct the research study in the different DADs. Permission was also requested to obtain access to their database of clients who have approached the DADs. Once permission was granted and the selection was made, each prospective participant was contacted personally and was invited to participate in the study. The recruitment process was tedious. Many of the people on the database could not be reached because the numbers listed were either no longer working or had been changed (Journal entry, 30 March, 2015). Appointments were scheduled at the most convenient time for participants. The interviews took place either at the venues where the DADs operate or at a location convenient for the participants.

Data gathering methods

For this study, four data gathering methods were employed. The use of multiple methods assists in the triangulation of the data. These methods are:

- 1) Individual interviews
- 2) Participant observation
- 3) Document analysis
- 4) Reflexive journaling

Individual interviews

Semi-structured interviews were carried out face-to-face and involve a few pre-determined areas of interest with possible prompts to help guide the conversation (Petty, Thomson & Stew, 2012). A different interview guide was used for each of the two groups with general topics (see appendix iii and v). This method allowed for the exploration of themes and ideas that emerged during the interview. Using this well-established research method of interviews, the participants were given the opportunity to describe their experiences related to accessing information and the role of the DADs. Participants were encouraged to be open and honest and as a result the experiential data was voluntarily acquired. To ensure anonymity, pseudonyms were used and the specific areas where the participants worked or visited were not divulged. The interviews were all conducted in English and the informed consent document was available and explained to them before the interview (see appendix VI). The length of the interviews lasted approximately 1 hour to 1.5 hours. Permission was requested to digitally record the interviews.

Participant observation

By being involved in what is being researched, participant observation allows the researcher to gain a deeper understanding of what is being researched (Robson, 2011; Schensul, Schensul & LeCompte, 1999). Field notes were gathered by conducting an observation as a participant. For example, I observed the interaction that occurred between the participants of the first group only (service providers) and the client, and the routine activities of the participants. According to Petty et al., (2012), while observation enables the researcher to see and hear exactly how individuals act and interact in a given situation, the presence of the researcher may influence behaviour of the participant. In this instance, I also observed the interaction between the participant and myself, as it related to my role in the organisation and as the researcher.

Documentation analysis

Public documents of the organisation such as minutes, reports, newsletters and correspondence were made available to gather information. This provided useful background data and was useful in triangulating the data. The IPDM was approached and permission was granted to access these documents (see appendix vii).

Reflective journaling

A journal was kept during the research to record my own experiences and my positionality. I describe my role in the DADs under review and my view on the research design, as well as potential bias. Reflective journaling has been used to gather, reflect on, and clarify information from observations made during the data gathering process. The journal has allowed me to record my reactions, assumptions, expectations and biases about the research process. Miles and Huberman (1994) state that this method of data collection adds to the triangulation of data.

Data Analysis

In this study, I used a mixture of thematic analysis and constant comparison method. The data in the form of transcripts of interviews, observations, documents, journal entries and field notes was analysed. The data analysis was done manually in the beginning stages using thematic analysis, which involved reading the data several times to gain familiarity with the text (Braun & Clark, 2006). In the later stages of data analysis, I switched to QSR NVivo 10.

The first step was to transcribe all interviews, observations, documents and journal entries. This process allowed me to become more acquainted with the data prior to the analysis. MSWord files were created for the interviews, observations and journal entries. All files were protected by setting a password to which only I had access. The second step was to review the data, note points of interest, and form initial codes. This general reading and familiarising oneself with information develops a sense of the data and begins the process of making sense of it (Creswell, 2007). The next two steps involved the actual coding and was done manually using the cut and paste method in MS Word. At this stage, I switched to using QSR NVivo 10 as a coding method. The first level coding emerged by identifying combinations of meaning units or codes which were grouped together to form categories. Constant comparison allowed the codes that were similar in description to be placed in the same categories. The second level coding focused on identifying the similarities and differences through comparison to detect existing relationships and to verify categories and themes until data saturation was reached. Creswell (2007) suggests that to classify case study data, the researcher must use categorical aggregation to establish themes or patterns. The fifth step was to interpret the data and this involved making sense of the data. To refine the findings, through constant comparison, I continually had to move back and forth between data

gathering and data analysis. Data was not coded sentence by sentence or paragraph by paragraph, but coded for meaning to capture the finer nuances within the text.

Ensuring trustworthiness and rigour

Each research approach requires different criteria (Koch & Harrington, 1998), and a commonly accepted criteria that is applied across approaches is trustworthiness. As the area of qualitative research increases, the onus is on the qualitative researcher to ensure their study is credible and rigorous. In this study, I used measures of credibility, transferability, dependability and confirmability to enhance trustworthiness.

Credibility

Ensuring credibility is one of most important factors in establishing trustworthiness (Lincoln & Guba, 1985). Many researchers recommend the development of an early familiarity with the culture of the participating organisations, to gain an understanding before the first data collection dialogues take place (Shenton, 2004); “prolonged engagements” help the researcher build trust and develop a rapport with the respondents (Erlandson, 1993; Lincoln & Guba, 1985). Being employed by IPDM meant that I not only had a prolonged engagement with the organisation but had been familiar with the culture as well.

Triangulation methods that were used in the study were based on Shenton's (2004) methods and involved the use of observation and individual interviews, which form the major data gathering strategy. Other supporting data was obtained from documents and email correspondence to provide a background to, and in some instances to help explain, the attitudes and behaviour of participants. Another form of triangulation was using a wide range of informants, which, according to Shenton (2004) allows for individual viewpoints and experiences to be verified against others. He states that a rich picture of the attitudes, needs or behaviour of those under scrutiny maybe constructed based on the contributions of a range of people.

Another form of triangulation that was used was corroborating information across participants. This was achieved by comparing the needs and information-seeking action described by individuals in comparable positions (Shenton, 2004). Analysing the experiences of users or youth with disabilities themselves, and the data provided by those responsible for the delivery and management of the service – in this instance, the DAD service providers proved invaluable. In this study, I drew informants from both users of the DAD information service and the service providers who deliver it, which added to the triangulation of data.

Member checking is soliciting participants' views of the credibility of the findings and interpretations which Lincoln and Guba (1985) consider the most critical technique for establishing credibility. In this study, once the findings were complete, participants were asked to validate my interpretation of the findings and to provide an opinion as to whether they felt these were accurate.

Transferability

Since the findings of a qualitative project are specific to a small number of particular environments and individuals, it is impossible to demonstrate that the findings and conclusions are applicable to other situations and populations (Shenton, 2004). The nature and extent of background information that should be offered is often disagreed upon but, according to Guba (1981), few would dispute the need for a full description of all the contextual factors impinging on the inquiry. Thick, rich descriptions have been provided to allow readers to have a proper understanding of the study, thereby enabling them to compare the instances of the phenomenon described in the research report with those that they have seen emerge in their situations (Shenton, 2004). The results of a qualitative study must be understood within the context of the characteristics of the organisation as well as the geographical area in which the fieldwork was carried out. Ultimately, the responsibility for determining transferability lies with those who might apply the findings to their own setting (Lincoln & Guba, 1985).

Dependability

Issues of credibility and dependability are closely related within a study, which is why it is argued by Lincoln and Guba (1985) that, in practice, demonstrating credibility will likely ensure

dependability. To address the dependability issue more directly, Shenton (2004) states that the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily to gain the same results. Thus, the research design may be viewed as a 'prototype model'.

Confirmability

Confirmability is the extent to which the findings reflect the focus of the enquiry (Lincoln & Guba, 1985) and not the bias of the researcher. I have shown how, in order to reduce researcher bias, multiple sources of data were used to provide corroborating evidence (Lincoln & Guba, 1985; Miles & Huberman, 1994). My reflective journal entries and documentary analysis, as well as the field-notes gathered through participant observations are additional sources of data that were examined. Regular dialogue with my supervisor assisted in ensuring confirmation of categories and themes.

Researcher reflexivity

Researchers are part of the world they study and thus are closely involved in the process and product of the research (Begoray & Banister, 2010). It is the researcher as a central figure who influences the gathering, selection and interpretation of the data. As a researcher being directly involved in the project and being a person with a disability, I am aware of the importance of critical reflection of my own biases and assumptions and how these could potentially influence all stages of the research process. Lincoln and Guba (1985) draw particular attention to the way in which investigators/researchers may become so immersed, for example, in the culture of the organisation or project under scrutiny, that their professional judgments are influenced.

I felt that, because of my direct involvement in the project, and to avoid undue bias, specific propositions would have imposed my own assumptions and influenced the outcome of the discussion. Each proposition serves to focus the data gathering, and determine direction, discussion and scope of the study, and together the propositions form the foundation for a conceptual framework (Miles & Huberman, 1994; Stake, 1995). In any case study, propositions are helpful but they are not always present, (Baxter & Jack, 2008). In this study, not having

specific propositions to guide the study allowed the 'issues' to emerge through participants' voices and the themes to naturally occur.

To increase the integrity and trustworthiness of qualitative research, Finlay (2002) states that researchers need to evaluate how intersubjective elements influence data gathering and analysis. Reflexivity offers one tool for such evaluation where researchers engage in explicit, self-aware analysis of their own role. In examining my role as a researcher, I felt that being a person with a disability allowed the participants to trust me enough to share their experiences openly and honestly. An example of this was when I met one of the youth with disabilities for the first time. We had spoken on the phone a few times prior to the interview but when we met, his reaction was that of 'surprise' as he said he thought I'd be "a much older, fatter, white woman". He seemed pleased that I was not as he pictured. I got the impression that I appeared 'less threatening' than I sounded in our telephone conversations as he seemed to be completely at ease with me (Journal entry, 24 March 2015). On the other hand, I felt that because of my position in the organisation and my direct involvement in the DAD project, at times some of the participants who were the service providers were not as open and honest in their responses, even though they were assured that there would be no bearing on their current roles within the project. As I am intrinsically involved in every aspect of the project, I have used this knowledge as well as data gathered through field work by doing participant observation at the DAD sites.

This process of engaging in reflexive analysis is difficult because it becomes a very personal process. My own shortcomings within the project have become visible, so the path of personal disclosure, albeit threatening, enables public scrutiny of the integrity of the research. Through the use of reflexivity, Finlay (2002) states that subjectivity in research can be transformed from a problem to an opportunity.

Ethical consideration

Ethical practice were considered throughout the course of research (Homan, 1991). All the participants were treated in accordance with the ethical guidelines of the Human Research Ethics Committee of the Faculty of Health Sciences, University of Cape Town (HREC REF: 930/2014). This

study adheres to the ethical principles outlined in the latest version of the Declaration of Helsinki (Fortaleza, Brazil, 2013) which illustrates the ethical issues that must be considered in undertaking research involving human participants. Such issues are based on respect for human dignity, autonomy, truth and justice. All the basic ethical principles of beneficence, non-maleficence, risks and benefits of study, autonomy, confidentiality, justice and referral have been adhered to throughout the study.

Beauchamp and Childress (2001) state that the principals of beneficence are to prevent and remove harm, promote welfare (doing good for others) and weigh up whether the risks outweigh the benefits. In this study, the rights of the participants were respected and their interests and well-being were served. Non-maleficence is defined as the principle of doing no foreseeable harm, including infringement of rights, as a consequence of the research (Miles & Huberman, 1994). The participants in the study were treated with respect, dignity and courtesy.

There were no identifiable risks for participating in this study. Informed consent included full information, comprehension and voluntarism (Flick, 2006). In other words, the participants were made aware of the study and what would be required to participate, and had the autonomy to withdraw from the study if they felt the need to. Furthermore, the rights to privacy and confidentiality of the participants were respected. All information gathered was kept in a safe and secure place to which only I had access. There has been no link made between the interview data (recordings, transcripts) and any identifying data about the research participants. To protect the identity of the research participants, pseudonyms have been used.

The study received ethical approval to conduct this study from the Faculty of Health Sciences Human Research Ethics Committee, University of Cape Town (HREC REF: 930/2014).

Profile of Youth with Disabilities

Aaron

Aaron was 27 years old and originally from Bhisho in Eastern Cape. He completed his matric and went to Walter Sisulu University in Eastern Cape where he completed a National Diploma in IT. Before he graduated, he became ill and in 2012 was diagnosed with Acute Intermittent Porphyrria (AIP). AIP affected his upper and lower limbs, his nervous system is weak and his muscles are wasted. In describing the symptoms of the disease Aaron said, "immediately when I got this attack I'm losing weight and muscles and then it takes at least four or five months to recover"(Aaron, 12 February 2015). Aaron uses a wheelchair but can move about on crutches. His source of income was a monthly SASSA Disability Grant and he sometimes received financial support from his mother. At the time of the interview, Aaron was an in-patient at a rehabilitation clinic and was to be discharged in the following two weeks. He was in the process of buying a shack and was planning to move to family in Delft.

Zuko

Zuko was 34 years old and lived in Delft. He was born in East London in the Eastern Cape. When Zuko was six years old, he developed TB Spine and has used a wheelchair ever since. Zuko went to school with children without disabilities and when describing his childhood at school, he said "it was not good" (Zuko, 23 February 2015). Later on, he moved to Cape Town as it was not easy being in a wheelchair in Eastern Cape because of the limited infrastructure in his home village. Zuko did not complete his schooling and held strong beliefs that having matric was access to proper employment and a better life. Zuko was passionate about the inclusion of persons with disabilities into mainstream society.

Tito

When Tito was 10, his mother started drinking and he was raised by his grandmother who taught him that "if you are a boy or a man, you have to be strong" (Tito, 29 December 2014). In 1994, Tito was involved in an accident and did not know if it was the accident that caused him to have epilepsy. He completed matric and had various jobs, some of which he lost due to his epilepsy. In 2012, Tito received a RDP house in Phillipi which seemed to instil in him a sense of

independence and pride. He said, "I had to settle and look after my own house". Tito acknowledged the responsibilities of having a home and understood the financial implications of being unemployed. Tito was persistent in trying to find work where he would not be discriminated against because of his disability. Tito had approached the DAD when he was 35. However, at the time of the interview he was over 35.

Thembi

Thembi was 29 years old and lived in Crossroads with her two children. She had been deaf in one ear for five years. Her disability caused severe headaches, about which she said, "I will not even wish it for my enemy". For Thembi, working with people would be difficult because of noise and how it affected her. Ideally, she wanted to start her own hairdressing business from home which she had been doing on an ad-hoc basis. Thembi was determined to complete her matric but was not interested in doing learnerships. She also wanted to do a business administration course which could be used practically with structuring her home business in Crossroads.

Profiles of Service Providers

Elsie

Elsie was 44 years old and lived in Mitchell's Plain most of her adult life. She completed grade 11 and had subsequently completed NQF level 5. She was also in the process of furthering her studies by doing a correspondence course in Public Relations through Damelin. Elsie became blind 12 years ago. The first job she secured after becoming blind was a one year contract as secretary at an NGO. She also attempted to start her own business but was unsuccessful due to financial constraints. Elsie was frustrated that she could not find a permanent job. However, over the years she completed various courses and programmes and had been volunteering for 12 years. Elsie indicated that she was "fairly active in the disability sector":

My passion for volunteering in the disabled sector is just that ...because I've got a lot of family members who are also disabled...where I can assist and where I can help cause as I said that is where my passion lies, within the disability sector. (Elsie, 28 December 2014)

Sharon

Sharon was 49 and from Lotus River. She completed a four-year teacher's degree but because of her disability, she was unable to teach. Unlike Elsie, Sharon had never worked before. She said "I only do volunteering at the moment; I wasn't able to teach so I haven't really worked". She recently completed a one year internship at a DPO but stated that she was unhappy there. She said, "I was weighing my options and thinking about if I'm going back or not. And then I decided no I'm not going back to them". She had subsequently left the DPO and decided to volunteer for IPDM.

I'm very passionate about disability issues, anything that has to do with people with disabilities and at that time I was still job seeking and I saw that you needed someone that is driven...that's why I offered to come and volunteer with you. (Sharon, 14 January 2015)

Nonnie

Nonnie lived in Gugulethu all her life. She was 27 at the time of the interview. Nonnie's case was similar to Sharon in that she had no work experience but, unlike Sharon who had a university degree, she had only reached grade 11. Nonnie completed a one year learnership through Epilepsy WC at Boston College and the only type of 'work' that she had done was to volunteer for IPDM. She had been one of the first people who had volunteered at the DAD and had been there for more than two years.

I'm also living with a disability and it's a challenge. It's a challenge in our community to understand the kinds of people with disability, adding [to] their life and doing things. So it was a motivation, as a person living with a disability, I can be able to motivate other people, they can do it as much as I did it with the volunteering first. And understanding the part of a disability that you can get up and do something for ourselves so that's that. I'm very happy about it, I'm enjoying every moment of it. (Nonnie, 5 January 2015)

Nonnie indicated that she had never applied for any of the opportunities that had come through the DAD over the years that she had been volunteering, "for my own sake... I'd prefer to get a job from IPDM (laughing)...I'm enjoying the work with the disability people...That's what I want

to do, I want to advise people about disabled people.” (Nonnie, 5 January 2015)

Andre

Andre was from Lotus River and was 52. He had a degree in music and had planned to teach music to children. He later decided to work for Telkom as he thought that a normal '9 to 5' job would be less stressful than teaching children. He had done numerous courses through Telkom such as leadership courses, first aid and a range of others. He also started studying for a National Diploma in Management but had not completed it. Due to the pressures of work and its effect on his mental health, Andre left Telkom. He said “I just felt that was too much pressure on me and then I had another snap” (Andre, 11 March, 2015).

Andre was active in his church in the choir and Sunday school. He often helped the elderly or people in need in his community. When he spoke about working at the DAD, he said “I am enjoying what I am doing. I can give to the community...I never thought I was gonna like it but I like what I am doing so I'm putting everything into it” (Andre, 11 March, 2015).

Celeste

Celeste was not a participant but is referred to in the narrative below. She had worked for IPDM from January to October 2014. Celeste had not been involved in the disability sector before joining IPDM. She had done a computer course through Cape Town Society for the Blind (CTSB) and had heard about the DAD at CTSB. She joined IPDM as a volunteer and was later promoted to DAD team leader whose role was to guide and monitor new volunteers and to ensure the smooth operation of the DADs. She worked with all the new volunteers except Nonnie, who was with the project from 2013. Celeste's duties were to induct new volunteers by having them observe how the DAD operates, pass on new information that she received from various sources, including the IPDM office, relating to learnerships, jobs or events. She also collected survey forms and DSD registers and captured all information from surveys onto an excel database. (Journal entry 16/8/15)

Chapter 4 Findings

Introduction

This chapter presents the findings which emerge from the analysis of the data gathered through eight participant interviews, field notes and journal entries. The findings relate to the first three study objectives, which are:

1. To describe the role and function of the DADs in assisting youth with disabilities in accessing information that facilitates participation in livelihood development
2. To describe the experiences of the DAD service providers in assisting youth with disabilities in accessing information that facilitates participation in livelihood development
3. To identify the factors (enablers and barriers) that influence youth with disabilities to access information on livelihood development opportunities

In the next section I present two key themes, which are 'Building capacity for change' and 'Wake up, stand up and do things'. The objectives relate to both themes, indicated at the start of each theme. I then present the categories and subcategories with supporting quotes from the data.

Theme 1: Building capacity for change

The overarching activity of the DAD is to facilitate access to livelihood streams by disseminating information that is relevant and that could empower youth with disabilities who have been excluded from opportunities because of limited awareness, access, poverty, stigma and discrimination. The following section relates to the first and second objective, which are 1) to describe the role and function of the DADs in assisting youth with disabilities in accessing information that facilitates participation in livelihood development, and 2) to describe the experiences of service providers with disabilities (who operate the DADs) in assisting youth with disabilities in accessing information that facilitates participation in livelihood development. This theme will look at the role and function of the DAD and will highlight the inter-sectoral relationships that facilitate the DAD process. It will also look at the roles the service providers

play in service delivery to the public and how the DADs access relevant information through the current communication system (See Table 2).

Table 4.1: Theme 1

BUILDING CAPACITY FOR CHANGE		
Sub-theme	Categories	Codes
DAD at work	Access through government service providers	<input type="checkbox"/> Establish a working relationship <input type="checkbox"/> DADs operate from SASSA <input type="checkbox"/> Utilise the existing infrastructure <input type="checkbox"/> Not a permanent space <input type="checkbox"/> You can't work there <input type="checkbox"/> Limited space
	Creating awareness of DADs	<input type="checkbox"/> Give them information <input type="checkbox"/> I inform them about our service <input type="checkbox"/> We refer people <input type="checkbox"/> They are not aware <input type="checkbox"/> Nobody knows unless you say something <input type="checkbox"/> Clueless about disability
	The need for an effective communication system	<input type="checkbox"/> It's very effective <input type="checkbox"/> It's coming to us slow <input type="checkbox"/> We can help one another <input type="checkbox"/> We don't have computers <input type="checkbox"/> Revise the whole system <input type="checkbox"/> Teach us the system
	Service providers' knowledge influences service delivery	<input type="checkbox"/> People (service providers) are not educated <input type="checkbox"/> Once you know the role players then it's fine <input type="checkbox"/> I wouldn't know what to tell people
	Technology as a means to access information	<input type="checkbox"/> The world is surrounded by computers <input type="checkbox"/> You get things on the internet

		<input type="checkbox"/> Some people don't even have WhatsApp
The very personal nature of the work	It's more personal	<input type="checkbox"/> You have to talk to people <input type="checkbox"/> Someone to listen to them <input type="checkbox"/> How to really assist them <input type="checkbox"/> Contribute with your experience <input type="checkbox"/> I can motivate other people
	The importance of being socialised	<input type="checkbox"/> From doing nothing to doing something <input type="checkbox"/> Some people haven't really socialised <input type="checkbox"/> Something to prepare them <input type="checkbox"/> We're all under house arrest
	Equip them to help themselves	<input type="checkbox"/> Get up and do it for themselves <input type="checkbox"/> Able to access information <input type="checkbox"/> Give them the right information
	Going the extra mile	<input type="checkbox"/> Help someone that needs help <input type="checkbox"/> Send them a text message to encourage them <input type="checkbox"/> You've really achieved something <input type="checkbox"/> They will be more light-hearted <input type="checkbox"/> I've done something good in someone's life

DAD at work

Access through government service providers

One of IPDM's roles was to establish a working relationship with the relevant authorities where the DADs were set up. The route taken for disseminating information on skills development opportunities and employment was via SASSA service points in three communities, a government rehabilitation centre, as well as through two community health facilities. These government service providers will henceforth be referred to as host service providers. The partnerships established between IPDM and the stakeholders above have enabled the DAD project to utilise the existing infrastructure to pass on general information about employment and skills

development opportunities, such as learnerships and the City's Expanded Public Works Programmes.

The communities where the services were provided were Gugulethu, Mitchell's Plain, Lotus River, Delft and Retreat. The youth with disabilities in this study approached DADs situated in Delft and Gugulethu. Both DADs operate from the premises of the host service providers on the days which are specified for clients with disability related queries. For example, in Gugulethu, services for clients with disabilities are provided on Wednesdays and Thursdays, therefore the DAD service only operates on these specific days. Likewise, in Delft, clients with disability related queries come to the host service provider on Thursdays, therefore the DAD only operates on a Thursday in Delft (Journal entry, 12 July 2015).

One of the problems encountered was the issue of insufficient space where the DADs were set up. One of the service providers, Nonnie, only worked two days a week at the DAD. She described working at SASSA as "working on a tender basis" and added "at times you feel undermined". She said "it's like this is no work for me but this is what I do for a living and that's what keeps me going at times" (Nonnie, 5 January 2015). The challenge that she faced was that there was no dedicated space for the DAD at SASSA, and because she was not there daily, she felt like she did not belong.

There is not a permanent space that belongs to me, only because I don't come permanently to SASSA offices because if I was coming everyday 8-5 it would be fine...sometimes you get the attitude that you can't work there, somebody is in the space that I'm going to use (Nonnie, 5 January 2015).

The relation between Andre, the DAD service provider, and staff where he worked was different to Nonnie's experience above. Andre explained how helpful the staff was at the day hospital and how they assisted him to set up a suitable space for him to operate from.

They cleaned out another room, room no. 8... so this is basically now the room that we use. I get

a key every time when I come here. But otherwise there is no nothing [wrong]. The staff is fine, everybody knows me (Andre, 11 March 2015).

The difference is that the SASSA offices can become very busy on disability grant days. Often, the staff at SASSA would need extra space to attend to clients. If space is needed to conduct SASSA business, then the space is used regardless of who normally occupies it. There had been times where Nonnie could not set up the DAD because SASSA needed to use the area she worked at due to insufficient space (Journal entry, 17/8/2015). Regular contact with the SASSA management and staff was important for everyone at SASSA to know and "have an awareness" (Nonnie, 5 January 2015) of IPDM and the service provided through the DAD. A particular concern for Nonnie was that the new staff did not know who she was. She acknowledged that IPDM management had met with SASSA management regarding the DAD; however, staff changed at SASSA and many were not aware of IPDM and her role at the DAD.

Further difficulties in accessing space were experienced with another SASSA office where, until recently, the DAD was set up outside. Numerous requests were made for permission to setup the DAD in the same space where the SASSA satellite office operated. Permission was granted (email communication, 27 June 2014); however, during the months prior to that, it was often difficult for the DAD to operate because of the weather. (Journal entry, 22 June 2015)

Creating awareness of DADs

Creating awareness extended beyond the staff of the facilities which housed the project. During interviews, the service providers were asked about their roles at the DAD. All responded by saying they created awareness by informing people of the service provided. They said many people were interested and curious to know what the DAD is all about. Besides informing people of the role of the DAD, they also try to assist people by giving them information or referring them. They described below what they felt their roles were:

to inform people of the advice desk activities, what we do there and try to assist people, to give them information about the opportunities for people with disabilities, like learnerships or job

opportunities (Sharon, 14 January 2015).

to uplift the community economically, so that they can be economically sustainable for themselves, to be more independent people and to not drain society... I inform them about our service, we do not promise jobs, we refer people (Elsie, 28 December 2014).

In our community in Gugulethu, people with disabilities are not aware of opportunities for people with disabilities, that they can uplift themselves to work hard and that they can manage to live a normal life as normal people do (Nonnie, 5 January 2015).

Some of the other ways in which information of the DAD was disseminated was that the flyers were sometimes left at the host facilities, handed out at events and at health facilities, and often passed on to friends, family and neighbours. This led to an increase in numbers of calls to the IPDM office as well as text messages received. People who contacted the IPDM office either by calling or via text message and explained what their needs were, such as their search for jobs or any other information, were mostly referred to the DADs closest to them if they could not be assisted immediately. The DAD operator would then be able to complete the survey so that their details were on the system and refer them as needed. 'Please call me' messages were not responded to (Journal entry, 6 March 2015).

When looking at the visibility of the DADs, Elsie, who operated one of the DADs, stated that although the facility was physically accessible, "nobody knows unless you say something" (Elsie, 28 December 2014). To create more awareness of the DADs, she suggested that banners, adverts in local newspapers, posters and so forth be used to achieve this. Similarly, Andre, who operated one of the DADs suggested that more open days should be held to create more awareness. He said, "here people could learn more, some people are really clueless about disability and things like that" (Andre, 11 March 2015).

All the participants felt that not enough was being done for the DAD to reach its full potential. In fact, they all agreed that the DADs were needed in all communities. "The growth of the DAD, it's limited, it's like small. We need to burst" (Elsie, 28 December 2014). As much as the participants

felt that the DAD needed to grow, there was a concern that if more awareness was created around the DAD, they needed to be prepared to assist more people. Sharon warned, "then we must equip ourselves for more work" (Sharon, 14 January 2015). What Sharon meant by being 'prepared' and 'equipped' was that the service providers were not equipped with the necessary resources and knowledge for the job. This concern is elaborated on in the sections to follow.

The need for an effective communication system

The service providers who operated the desks needed to be knowledgeable about disability issues as well as be aware of the various disability organisations and the services they offer. One of the requirements and duties of the service providers was to gather information in their respective communities where the DADs were set up to pass on information to community members (Journal entry, 28 January 2015).

The participants were asked how effective the DAD was in providing information to clients who approach the DAD.

It's very effective, depends whoever runs the advice desk (Andre, 11 March 2015).

It is fairly effective but much more can be done (Elsie, 28 December 2014).

There was never information available to us, now there is and that is changing (Tito, 29 December 2014).

The service provider accessed information on current opportunities through the IPDM administration office which acted as a conduit, although information was also gained through family members and friends in their respective communities. A concern highlighted by all the service providers was that the process of receiving information was tedious. They did not always have access to immediate information because they did not have the necessary resources such as computers, mobile devices and access to the internet. If they did not have relevant information at hand, then neither would the youth with disabilities who accessed the DAD seeking opportunities.

Our information, we should be getting it at a much faster pace, its coming to us slow, the

problem is because we don't have technology (Elsie, 28 December 2014).

We don't normally at times get the information right on the spot (Nonnie, 5 January 2015).

Sharon added to this saying, "we can help one another, sometimes we don't really have an idea of what to do with some issues and somebody sits with the information we need for someone else at another desk, then we can share that" (Sharon, 14 January 2015). All the service providers felt that the effectiveness of the service would improve if they had access to electronic equipment and the internet where they could connect with each other in real time to share and help one another. They also felt the need for training on a uniform referral system. The concern from the service providers was that there was not enough capacity within IPDM to put systems in place and manage the training and ongoing supervision.

We are at that stage where we still need to revise the whole system (Elsie, 28 December 2014)

Maybe there would be a system that will be set just for us, that's why I'm saying there needs to be somebody from the organisation that can be able to do that, to teach us the system, it needs time and somebody who's not very busy to be able to manage it (Nonnie, 5 January 2015)

A partnership approach existed between IPDM and government service providers, as well as organisations working in the disability sector such as Epilepsy Western Cape, Altitude and Disability Workshop Development Enterprise, among others. However, these capacity building approaches, although vital to the sustainability of the project, do not gauge the capacity of the organisation. It was clear from the statements of the service providers that there was a need for an effective communication system to be in place, as well as a need for sound leadership and reliable member expertise.

Service providers' knowledge influences service delivery

Knowledge of the roles and functions of organisations that provide services to persons with

disabilities was important for service providers to provide an effective service. For example, prior to working at the DAD, two of the service providers were active in the disability sector and had a better understanding of linking persons with disabilities to the appropriate organisation. The other two service providers who were not active in the disability sector had less knowledge and there was a clear distinction in their ability to accurately refer clients.

Elsie was a volunteer in the disability sector for 12 years. She often had access to information on events, opportunities and generally what was happening in the disability sector in her community. Elsie understood what her role in the DAD was. She was active in gathering information from organisations, friends and family and said, "I also have a lot of family members that is disabled as well, some of them are on learnerships already, so I get information like that". She explained, "I did the induction and came here with Celeste [previous DAD team-leader]... where she gave me a bit of training and from there it was all systems go" (Elsie, 28 December 2014).

The guidance offered to Elsie as a new service provider was sufficient because she had experience and knowledge of organisations in the disability sector. However, her experience in joining the DAD was vastly different to Andre's. Unlike Elsie, Andre was not active in the disability sector and was not familiar with the various organisations and the services they offered.

Several service providers highlighted the need for training which was essential for strengthening referral systems. Elsie explained that "they [service providers] do receive training but not often". She said, "people [service providers] are not educated, if the volunteer [service provider] is not educated on how to approach the institutions or the facilities... it can be seriously damaging" (Elsie, 28 December 2014).

Elsie gave an example where one of the new DAD service providers had referred a large number of persons with physical disabilities to CTSB for computer training and as a result had booked up space for two years. The service provider responsible for the situation explained that he was not aware that, even though CTSB accepted persons with various disabilities on their computer training courses, their (CTSB's) focus was on clients with visual impairments. However, after

attending a DAD training workshop, the same service provider indicated that he felt more confident in performing tasks such as referring people, as he understood who the role players were and what services they provided.

I've learned to know what is CTSB for, what is Altitude for, what is Epilepsy for, what is APD for, all that different things...I'm constantly in contact with them...Once you know the role players then it's fine (Andre, 11 March 2015).

Although the service providers attended training workshops, they still at times questioned their efficacy which resulted in diminished confidence in their abilities. One of the challenges the service providers faced was that they did not always have relevant information at hand and they had limited resources. When asked what happened if they did not have information, Sharon, for instance, explained she was selective in what she said when she introduced the DAD service to people so as not to encourage enquiries about topics she had little or no knowledge of. "There's a few things I'm not saying anymore because I don't feel like I really have answers to the questions that might arise" (Sharon, 14 January 2015). She gave an example of when that happened:

If I mention something about special needs schools then people will come up that day with special needs. If I don't mention, people won't come up, because I'm not sure about the special needs... that's why I try not to mention that because I don't have the proper information and I wouldn't know what to tell people (Sharon, 14 January 2015).

Similarly, Nonnie felt that she did not know enough about special needs schools.

In terms of the schools that we referring people to, we don't know the person of the school, we don't even know what the kind of person that they take at times, but only because the child is disabled...(Nonnie, 5 January 2015).

Many parents of children with disabilities approach the DAD to gather information, to get guidance for schools or something for their children to do and where to go. It was clear that the service providers felt they were not equipped to handle the types of enquiries that needed more

technical expertise from rehabilitation and health care professionals. There was a need for regular on-going training, greater knowledge of the various types of disabilities, greater knowledge of CBOs and DPOs, and the various types of services offered, as well as having a uniform referral pathway for matters beyond their scope of competence (Journal entry, 18 May, 2015).

Technology as a means to access information

When looking at the service providers' use of technology, the DAD had little internal Information and Communication Technology (ICT) capacity and infrastructure. ICT issues were not the organisation's primary focus so it was apparent that many of the challenges the service provider encountered were related to the absence of ICT.

the world is surrounded by computers and the products nowadays. We can do more if we do have the proper equipment...it will be more effective, to be able to help people quicker...and the disability desk will be run much more smoother (Elsie, 28December 2014).

To improve the effectiveness of the service, a laptop and internet, that will also help quite a bit... Because then you get things on the internet... It will be quicker (Andre, 11 March2015).

Not all of us are very equipped especially on the resources, we don't have computers... I don't understand certain things, I need to go to the internet and look for something. Maybe there would be a system that will be set just for us (Nonnie, 5 January 2015).

As there was no ICT structure in place which tied in with the DAD programme, the service providers used their personal mobile devices to communicate and access current opportunities via telephone, email, SMS or WhatsApp. However, Elsie stated that "some of the people [service providers] don't even have a WhatsApp" (Elsie, 28 December 2014). The mobile application WhatsApp is a mobile messaging system which allows one to exchange text and voice messages and images to multiple users instantly without having to pay for SMSs.

The organisation provided a limited amount of airtime or data monthly to each service provider for internet access on their own mobile devices. This method was used extensively as an inexpensive route to communicate and distribute information. The application only worked on newer phone models and as all the service providers used their own mobile devices, some of which were outdated, this posed a problem as not all the service providers had access to WhatsApp.

The benefits of using WhatsApp, apart from being free, was that no training was needed as all service providers had experience in mobile technology and social networking. On the other hand, the absence of reliable technology such as computers and mobile devices contributed to erratic and inconsistent access to information. An example of this inconsistency was where Elsie, who was blind, was unable to access information in PDF format. The software on her mobile phone could not read images and PDFs, therefore one of the challenges Elsie encountered was that information was often sent in electronic formats that were inaccessible for a blind person (Journal entry, 29 April 2015).

The very personal nature of the work

This sub-theme speaks to the personal nature of the work and how the experiences of service providers are linked to the role. The service providers relate to the importance of being socialised and describe how rendering the service will allow youth with disabilities to equip themselves.

It's more personal

The service providers explained that their roles were more personal and that it was not simply referring people. One of the participants described her interactions with youth with disabilities who approached the DAD:

Actually, the volunteers do more than that. If people come to you, it's more like a counselling session. You can't just get to information, you have to talk to people... And sometimes it's more personal, they're not there for learnership or even job opportunities, they just need someone to talk to, someone to listen to them, and that's the starting point. And without that aspect of the

advice desk you won't know how to really assist them because you have to listen to whatever they need to say (Sharon, 14 January 2015).

She went on further to explain how her own experience of being a person with a disability enabled her to relate to others with similar disabilities.

You can contribute with your experience. You can say, okay this is what happened to me, this is how things went for me the first twenty five years, but there's a lot of people out there who have similar experiences. How would I like to see changes to improve their lives? That's important because we are not there for ourselves, that's my belief (Sharon, 14 January 2015).

Nonnie explained that it was challenging for people in her community to understand the needs of persons with disabilities. In the beginning, it was difficult for her to get up in front of people because of the stigma attached to her disability. She later embraced her role and understood that by being in that position, she motivated people.

It was a motivation, as a person living with a disability I can motivate other people, they can do it as much as I did...you can get up and do something for yourself (Nonnie, 5 January 2015).

The service providers 'first-hand life experiences of disability, stigma and recovery have been effectively used to develop empathetic relationships and to motivate and encourage others with disabilities.

The importance of being socialised

Even though the general consensus of the service providers was that persons with disabilities had to be more active in driving change in their own lives, there was a concern and deeper sense of understanding shown by the service providers.

My concern is the transition from doing nothing to doing something, there's a lot of changes within a person that needs to take place for them, because some people haven't really socialised and that's the first step before you can do a learner-ship or access a job or anything.

There's a lot of psychological aspects involved with a person not being social and suddenly coming 'okay here's a learnership for you, you must do this and that and that' ...there must be something to prepare them to actually get them to that point (Sharon, 14 January 2015).

Similarly, Andre described a situation where a client with a mental health problem had approached the DAD with her mother and was looking for a job. He said even though the client did not want 'help', he encouraged her to go to Fountain House or Cape Mental Health. He said it was important for her to 'socialise' and at these places "they assess you and see how you fit in". André's encouragement towards his client came from his understanding that being able to socialise with other people was the first step to recovery and finding a job.

I say 'just give it a try, it's now time to socialise with the people', and I say, 'once you get that right then who knows, they will put you in a workplace', but she must first get that right. (Andre, 11 March 2015)

Both Sharon and Andre understood that in order to find a job, the first step was to know how to interact with people. They both had similar experiences in integrating, therefore their understanding of the situations they encountered with clients came from a place of knowing. Sharon said, "I feel for people who sit in their rooms there, and we know our society out there, we're all under house arrest one way or another" (Sharon, 14 January 2015).

Equip them to help themselves

All the service providers felt that persons with disabilities had to take the responsibility to do things for themselves, that the effort had to come from the people. They could access relevant information through the DAD which would equip them to help themselves.

They can get jobs and they can be on a workplace, they can be employed only if they get up and do it for themselves...we don't get up for them, they must manage to get something to do...with the information that we give (Nonnie, 5 January 2015).

People with disabilities were able to access information such as where the learnerships are, who's looking for people and what benefits the people can draw from it (Elsie, 28 December 2014).

That's why I feel that there should be changes in the way that people with disabilities think because they must do for themselves, they must take responsibility for themselves but we must give them the right information. We must equip them to help themselves (Sharon, 14 January 2015).

As much as the service providers understood that having access to information about opportunities was the first step to improving their lives, it seemed to be a common view among all the participants that persons with disabilities in general were complacent, seemed to have a diminished sense of agency, and were content with simply getting a disability grant (Journal entry, 14 April 2015).

Some people they don't work, only waiting for the grant money. They must go out and do something about that...and not be idle (Thembi, 24 February 2015).

Some of them [persons with disabilities] are just so reluctant, some people are so comfortable in just getting the disability grant and they're happy with that...they don't feel like they have to do something. Sorry to say, but in my opinion they just sit there and they think that people must give them handouts or people must bring things to them on a platter. Life is not like that, nobody will actually do that for you, that is something that people must learn (Sharon, 14 January 2015).

And that is another challenge I have here, especially those that get a little grant, they think that that is everything in life. And you need to tell them, you know, that is not everything in life (Andre, 11 March 2015).

Even though the participants felt that in general persons with disabilities were not active enough in driving change in their lives, none of the participants felt like they belonged to that group of

people. They felt that they were different because they were doing something to improve their own lives while many others were not (Journal entry, 13 April, 2015).

Going the extra mile

Even though the service providers experienced challenges at the DAD, they all spoke of the unseen benefits of being part of the DAD. Some of them spoke about how they would do more to encourage people and would time and again go the extra mile. For example, André often encouraged people to do more: he said, "Help someone that needs help, you could be a help. You can do whatever you want to do. You don't know what you are good in" (Andre, 11 March 2015). Similarly, Elsie said, "I personally would take their phone numbers or whatever, send them a text message to encourage them just so that they can have somebody to talk to" (Elsie, 28 December 2014).

Even though some of the service providers complained of the negative attitudes of some of the clients, each one emphasised the benefits of being part of the DAD project:

It makes you feel like you've really achieved something, that somehow, somewhere you've helped somebody. And then there're those that you can't help. And those that you can't help, you feel terrible about it. But there's nothing that you can really do because there is nothing (Elsie, 28 December 2014).

You will see the difference when they walk away from you, they will be more light-hearted about things and stuff and the gratitude man, you can see in a person's eye how they really feel and I've seen that a lot (Sharon, 14 January 2015).

Yea, that feeling is so, that somebody even follow you to say you know what, thank you man, I've been accepted! And I'm working! And you know, if a person come here that makes me feel good...I've done something good in someone's life (Andre, 11 March 2015).

Andre went on to describe that the benefits of the work were far greater than the financial reward. He said, "the benefits that I am getting out of it, it may be not money wise, but, you know

things that I can carry with me in my life” (Andre, 11 March 2015).

Summary of Theme 1: Building capacity for change

This theme was divided into two sub-themes. The first, 'DAD at work', showed how existing infrastructure was used to establish DADs in communities through collaboration with government service providers. Even though this collaboration existed, there was a need for more awareness to be created around the DAD service. The service providers indicated that a more effective communication system was needed to access information. They also highlighted the need to gain more knowledge and training on disability issues and to have access to technology that can facilitate access to information as it influences service delivery.

The second sub-theme, 'The very personal nature of the work', highlighted how the service providers used their personal knowledge of disability to equip them in providing the service. They also emphasised the unseen benefits they gained out of providing the service to other persons with disabilities. In the following section I present Theme 2 where the findings relate to the experiences of the youth with disabilities.

Theme 2: Wake up, stand up and do things

The second theme relates to the third objective which is to identify the factors (enablers and barriers) that influence youth with disabilities in accessing the DADs for information on livelihood opportunities. Theme 2 highlights three important findings: first, the facilitators to economic inclusion; second, the public barriers that hinder economic inclusion; and lastly the personal barriers that hinder economic inclusion. The facilitators to economic inclusion examine how the youth with disabilities are encouraged by their peers and the psychological effects of the DAD giving hope. Some of the public barriers point to limited awareness, safety in communities and inaccessible transport, while the personal barriers focus more on the need to work due to limited finances, the stigma attached to impairment and the negative impact of not being contactable as a result of losing phones or changing contact numbers. (See Table 3).

Table 4.2: Theme 2

WAKE UP, STAND UP AND DO THINGS		
Sub-theme	Categories	Codes
Facilitators to inclusion	Encouraged by peers	<input type="checkbox"/> I was interested <input type="checkbox"/> She is getting up every day to go to work <input type="checkbox"/> She is not idle <input type="checkbox"/> They encourage people
	DAD giving hope	<input type="checkbox"/> She gave me a learnership <input type="checkbox"/> A place that will be able to change my life <input type="checkbox"/> It kept nagging at me <input type="checkbox"/> There's hope for them
Public barriers that hinder economic inclusion	Ignorant of DADs	<input type="checkbox"/> Many people that don't know about it <input type="checkbox"/> There is no indication <input type="checkbox"/> More notices should be put up
	People do not feel safe	<input type="checkbox"/> Skollies, gangsters shooting, stabbing, robbing <input type="checkbox"/> People are not feeling safe <input type="checkbox"/> They point (at) me with a gun <input type="checkbox"/> I was robbed by skollies
	Travelling by public transport	<input type="checkbox"/> The driver doesn't stop <input type="checkbox"/> I have to travel long distance <input type="checkbox"/> The bus, it's fine, but taxis, no
Personal barriers that hinder economic inclusion	The need to work	<input type="checkbox"/> Income for me to support myself <input type="checkbox"/> I had to settle and look after my own house <input type="checkbox"/> I know how to make money <input type="checkbox"/> I was going to be a technician <input type="checkbox"/> I'll do any one [learnership] that comes <input type="checkbox"/> I force myself to do dangerous work

		<input type="checkbox"/> I need to buy electricity and food
	Stigma or choice	<input type="checkbox"/> Ashamed of pushing the wheelchair <input type="checkbox"/> They don't know about this desk <input type="checkbox"/> They don't know what is out there for them
	Missed opportunities	<input type="checkbox"/> Lost my phone twice <input type="checkbox"/> I did not have a phone for 4 months <input type="checkbox"/> Cell numbers were always off <input type="checkbox"/> Called everyone but got no answer

Facilitators to economic inclusion

In understanding the facilitating factors for the participants in accessing the DAD that could lead to information and aid in livelihood development, the youth with disabilities spoke about being encouraged by peers and the DAD giving hope.

Encouraged by peers

The youth with disabilities who approached the DAD were encouraged by the service providers. These young unemployed people were motivated that the service providers who were also persons with disabilities, some even more visibly disabled than them, were out in the communities helping other persons with disabilities.

Thembi applied for a disability grant at SASSA and through this visit, she became aware of the

DAD. She became interested when other people who were also at SASSA for grant related issues approached the DAD service provider. Thembi appeared to be moved by the service provider. The service provider had a disability that caused her to walk and speak with difficulty, and yet, even in bad weather, she still came to the DAD which she operated at the SASSA office in the township. If the volunteer could do it then so could she.

I got interested because of the way she was looking...how can I sit down while a person that is walking like this [with crutches], it is difficult for her to walk but she is getting up every day to go to work... You can do it also! And on that day, I think it was raining, for her to stand up in her condition, go out while it's raining, that was most touching (Thembi, 24 February 2015).

Thembi was motivated by the volunteer. Thembi felt that, even though it was hard for her (service provider), she did not stay home, she got out and did something. "It is difficult for her to speak also but she is not idle in the house, she is out there advising people about the learnership for people with disabilities" (Thembi, 24 February 2015). Aaron was on his way to the library when he became aware of the DAD.

They (service providers) took my CV and then they said they will put it in a database so that when there is jobs, then if someone from IPDM [database] can do the job, they will contact him...They encourage people with a disability...you can do this, you can go there for help...So they encourage me...You see they are disabled but [they are] doing something for the community (Aaron, 12 February 2015).

DAD giving hope

Tito was applying for a disability grant through SASSA when he first became aware of the DAD. Tito did not have a job; he felt like an outcast and blamed it on the epilepsy. During this time of hopelessness and despair, Tito even thought about taking his own life but instead drew on God for spiritual strength. Tito explained what he wanted out of a workplace: he no longer wanted to be discriminated against and he did not want to be different to other people. Tito expected that staff and colleagues would be sensitised to his disability.

I wanted to go where I'd be given the opportunity where I get a job and people that had no epilepsy...they will accept it. They will be told prior, that this guy has epilepsy and they will accept me. People will be around me knowing that this guy has epilepsy. People will also know that doing something that is discriminating, undermining the person with epilepsy, is not right (Tito, 29 December 2014).

Tito was persistent in trying to contact the DAD. In fact, each time he went to SASSA to enquire on the progress of his disability grant application, he approached the DAD. On two occasions he was given information about learnerships. He did not apply for either as one was for learners with physical disabilities, and the criteria for the other was matric with maths and physics, which he did not have. Tito was not discouraged, in fact this interaction made him feel hopeful. When asked about his experience in accessing the DAD, he said:

She (service provider) gave me an access that I will be able to come back to it, thinking about it, even if I am in my mind starting to forget. I will know, hey, there is a place that will be able to change my life. So, it kept nagging at me (Tito, 29 December 2014).

I was interested in what she was saying and she was talking about the learnerships...I went to speak to her and she took my numbers and she told me that she will call me when there is a learnership available. They don't just take your things [cv] now and call you now for the learnership. It doesn't work like that, you must wait for at least 6 months (Thembi, 24 February 2015).

Thembi was hopeful that she would be contacted when a suitable opportunity arose. One of the service providers spoke about the clients who approached the DAD and echoed what many of the service providers felt. She stated, 'if people see that there's hope for them, that makes a difference' (Sharon, 14 January 2015). Tito spoke about the current learnership that he was on. He spoke about the attitudes of the staff or casual workers who had been there longer than him towards him. A noticeable change in Tito's attitude could be seen when he spoke about his co-workers in the current learnership programme he was on.

There was this kind of jealousy. I was asked, 'How did you get this [job] cos we've been doing casual [job] for years and years'. I said, 'guys, I am in a disability programme'... and they were understanding a bit about it, but they say, 'but you don't look like you have a disability', I say, 'no guys, I'm epileptic, I cannot change it because I am like that' (Tito, 29 December 2014).

Even though Tito spoke of jealousy and of his some of his colleagues' negative attitudes towards him, he appeared to have a new confidence when disclosing his disability. He understood that in the current work situation, he did not have the burden of having to hide his disability. In fact, having epilepsy enabled him to be part of the learnership and because of this he was free to disclose. Tito felt safe and supported.

So, when it comes to you guys [IPDM], you were like that fence around me to put me in a protective position where I know that I have epilepsy but I still have a job. I still have everything that will be able to take me where I want to be.' 'If it was not for the advice desk then I would not be doing what I'm doing now with you. Seriously, I will be at home not knowing what to do or I don't know, maybe I'll be in jail or whatever (Tito, 29 December 2014).

Public barriers that hinder economic inclusion

Youth with disabilities experienced numerous barriers that could hamper access to information and livelihood opportunities. The issues discussed below relate to the public barriers, such as ignorance of DADs, the issue of safety in the communities and barriers that exist when travelling with public transport.

Ignorant of DADs

Zuko, one of the youth with disabilities, responded very differently to the others about the DAD. He did not meet the service provider at the DAD as the other participants had and was not aware of the DAD in his community. I probed Zuko to find out whether he knew about the DAD at all. I asked if he was aware of any services offered to persons with disabilities where they could access information or be referred to appropriate places such as community facilities that could provide

support in their quest.

This is my first time that I hear about something like a disability desk that is in Delft and I think that I am one of the people that is moving up and down...so if I don't know about it that simply means that then there are many people that don't know about it. There is no indication that maybe if you pass by you will notice it and if you see the words [sign] you can decide if you want to go inside and you want to know what is going on inside there (Zuko, 23 February 2015).

Andre, one of the service providers, felt similar to Zuko regarding the invisibility of the DAD and stated that, to inform people of the service, "more notices should be put up" (Andre, 11 March 2015).

All the youth with disabilities were selected from the DAD database though purposive sampling. The database did not only contain data of people who approached the DAD. Many of the DAD service providers were active in their communities and would often represent IPDM at community engagements and events. The service providers would complete survey forms with persons with disabilities they engaged with and this information was entered into the database as opportunity seekers. There was no distinction between opportunity seekers who had approached the DAD directly or through the service providers via other avenues (Journal entry, 16 February 2016).

People do not feel safe

The issue of safety was another concern for the youth with disabilities. Two of the participants in this study had personal experience of being robbed in their communities. Aaron explained that the area where he lived was very unsafe as there was a lot of "skollies [gansters], gangsters shooting, stabbing, robbing" (Aaron, 12 February 2015). Gangsterism was rife in his community. Aaron had first-hand experience of the dangers of living in the township and being disabled.

You don't see disabled people there, and then there is another thing – their safety. People are not feeling safe...last year when I was here, they rob me of 2 phones. It was dark and I can't run cos I

got these splints...So they took my phone with a gun, they pointed the gun at me, so I said take it (Aaron, 12 February 2015).

Thembi also experienced being robbed of her cell phone twice. The first time, she explained, "I was robbed by skollies [gangsters]" (Thembi, 24 February 2015), and the second time someone stole her phone from her child.

Travelling by public transport

A concern for some of the participants was using public transport, as most persons with disabilities who live in townships live in poverty. Most people had no other option but to use the taxi service which operated in the communities.

Aaron, for instance, used a wheelchair and because there was no accessible public transport, he was forced to use the local taxi service even though he did not feel comfortable using it. When asked how he got around with his wheelchair and how it was travelling with the local taxis, he said:

I'm struggling, because sometimes you see that it (taxi) is empty but the driver doesn't stop...they don't want to assist you. They will injure you...or worse. Here in my area, you have to go from here and then I think it's a 30 minutes to go to the taxi rank. And it's not safe (Aaron, 12 February 2015).

Zuko moved from the Eastern Cape to Cape Town. He said it was difficult being in a wheelchair because of the roads in their homelands and villages. He complained about local public transport where he was currently living and said, "I don't have my own transport and I have to travel long distance" (Zuko, 23 February 2015). One of the service providers, on the other hand, explained that because of his condition, he was very nervous to travel by public transport. He said, "I will get along with the bus, it's fine, but taxis, no" (Andre, 11 March 2015).

Personal barriers that hinder economic inclusion

When looking at the personal barriers that hinder economic inclusion, the findings reveal that the need to work overshadowed the types of jobs done. The disabled youth spoke about the

stigma attached to disability and disclosure and how this affects job seeking efforts. A real concern highlighted is the negative impact of not being contactable because of losing phones or changing contact numbers that could lead to missed opportunities.

The need to work

All the participants had little or no income and strived for a better life. Tito, for example, lost his job in 2006 and had to go back to live with his mother. He explained, "I got Epilepsy and as a person I'm out of a job...I need something that will be an income for me to support myself and help financially" (Tito, 29 December 2014).

In 2012, he received a RDP house which seemed to instil in him a sense of independence and pride. He said, "I had to settle and look after my own house" (Tito, 29 December 2014). Tito acknowledged the responsibilities of having a home. He also understood the financial implications of being unemployed. Tito did not qualify for a Disability Grant and therefore had no source of income. This was a huge concern for him, as he complained, "you have some stuff in your house and it needs to be paid. You got loans and all that stuff is not gonna vanish, you need to stand up and do those things for yourself" (Tito, 29 December 2014).

Thembi also complained that she did not have money. She could not go to the DAD at SASSA each time to find out if there were any new opportunities as it cost her money to travel each time. She said, "Unless I go to her, or go there, but I can't just wake up and go cos I must first have the money to go to her [DAD service provider]" (Thembi, 24 February 2015). Thembi also explained that she wanted to do a learnership where she could learn about business to start her own business as she was operating a hairdressing service from her home. She said, "there is the rituals [processes] that I want to learn of a business because I for myself I know how to make money with my hands" (Thembi, 24 February 2015).

When speaking to Aaron about his plans for the future, he indicated that he needed to work but was not sure which path his career should follow. Even though he had qualified as an IT technician, he was unable to do the physical technical work due to his disability. The disease Porphyria Neuropath caused his muscles to weaken, which affected his entire body including his

hands. “If my hands were alright, I was going to be a technician; it changed the way I was thinking. So now I’m still confused” (Aaron, 12 February 2015). Aaron wanted to gain as much experience as he could so that he could be informed when choosing a career path.

I'm gaining experience...that's why I'll do any one [learnership] that comes...If I can be there by the reception, office admin, at least I get that experience and then save money and then I can go back to do that B Tech...At least then I can know what I can do (Aaron, 12 February 2015).

Aaron was not sure of his employment options but needed to have some form of income other than the disability grant. The previous learnership that Aaron had done was a MICT SETA (Media Information and Communication Technologies). It was important for Aaron to get onto a learnership where he could gain experience in a work environment where he could test his capabilities. It was also an additional means of income for him to support his family (Journal entry, 24 June 2015).

Stigma, choice and disclosure as barriers to opportunities

Many of the youth with disabilities felt that the stigma attached to disability was what kept people indoors. Aaron spoke about other persons with disabilities in his area not being visible and being ashamed of their disability. To Aaron, this was the reason people were not aware of the DAD.

In Delft, you will never see someone with wheelchair...They don't want to go out cause they will be ashamed of pushing the wheelchair...that's why some people, they don't know about this desk that is there in Delft (Aaron, 12 February 2015).

Zuko felt that the stigma attached to disability would never disappear if persons with disabilities are not integrated into society.

It will never change if we are not going out there, that stigma will always remain like that. Because people when they see us, they see a new thing, they don't see a new person. They see new things but if they (able-bodied people) are always around you, we are going to be [seen] as people as

normal as they are. So, yes, people are indoors because of that stigma (Zuko, 23 February 2015).

On the other hand, Zuko felt that persons with disabilities simply did not know what to do or where to go for information and were unaware of what was out there for them. They were not indoors by choice.

I say that people living with a disability is mostly indoors. They want to do something but they don't know what is out there for them to do and how to find out about it. It is not that they are indoors that they want to be there, they don't know what they can do for themselves (Zuko, 23 February 2015).

When looking at the suitability of the work the youth with disabilities did, many times they had no choice. Due to Tito's financial situation, he often did work that was not suitable for somebody with epilepsy. He was persistent and pushed himself in trying to secure work.

I work hard and I like it... I will go to the bridge where they build and they need extra labourers and I will be taken. I force myself to do dangerous work. According to people with epilepsy you cannot do that kind of job, but I force myself cos I need to buy electricity and food and other stuff (Tito, 29 December 2014).

Tito was aware of the implications of having 'unsafe jobs', however the need for basic survival items such as food outweighed the dangers linked to the jobs he tried to find. In many instances when Tito went looking for work, he did not disclose his disability. Tito spoke of an occasion where he had a seizure while at work and how this resulted in him losing the job.

I had this agent that was hiring at the airport. So as we were waiting to do access cards, I got an attack and when I woke up I was in the nurses' room. She asked me 'do you know what happened to you?' Clearly, I will know what had happened to me. Then she said...'we cannot hire you because of it' (Tito, 29 December 2014).

Tito said that this treatment happened in many places. "In many places you will find that when you are epileptic, once they know about it, they will make sure they chase you away". He recalled

a similar situation: “They said they wanted me to have this thing so that I can have a grant, so that I can be out of work and they can be able to have a clean shift and people with no epilepsy”.

Missed opportunities

One of the challenges in trying to reach clients who are on the database is that often their numbers have changed, they have lost their phone or they cannot be contacted. I experienced this first-hand in trying to select participants for the study from the same database, which is elaborated on in the chapter on methodology. This challenge of getting in touch with people on the database was explained by one of the participants, Thembi. She felt annoyed that within the six months since she had approached the DAD, there had been no contact from the DAD with information on a job or learnership.

I can never change my number cos I had this number for 5 years now. If you did manage to get my number from her (service provider) for this interview, how is it that I don't get a phone call to say that here is a learnership or a job? (Thembi, 24 February 2015)

Thembi later acknowledged that she could have been contacted without her knowing, because she had lost her phone.

Maybe they did contact me cos last year I lost my phone twice I think. One time I was robbed by skollies (gangsters) and the second time my phone was taken by someone ...and I did not have a phone for 4 months (Thembi, 24 February 2015).

A similar situation was encountered by Aaron, who was also robbed of his cell phones, as highlighted above under the section 'Public barriers that hinder economic inclusion'.

In examining IPDM documentation and the view of recruitment agencies and companies who administer learnerships and how they access candidates, it was interesting to note the companies' responses. One of the biggest challenges in trying to contact persons with disabilities for available opportunities was reaching them on the contact numbers they provided. It was felt that almost all the younger candidates' (youth up to 35 years) cell numbers were always off.

According to Siyakha¹, this meant that the phone either did not work or it was lost or they were using another number. Phones simply rang without any answer (email dated 15 September 2015). Similarly, HR Cafe² stated that they called many people but got no answer; in fact, not one of the candidates with disabilities on the list they received replied to their calls (email dated 29 September 2015)

Summary of Theme 2: Wake up, stand up and do things

Theme 2 focused on the facilitators to economic inclusion, those that encouraged youth with disabilities to try and do things for themselves, and the DAD giving hope. This theme also highlighted the public barriers faced by youth with disabilities, such as ignorance of the DAD, which was greatly influenced by the limited awareness and visibility of the DAD. Being vulnerable because of violence in communities and inaccessible public transport were major public barriers that kept some youth with disabilities indoors and prevented them from accessing available services. At the same time, all the youth with disabilities needed to work because of poverty but some spoke of the stigma that kept persons with disabilities hidden. This stigma, as well as them losing their mobile phones or changing numbers, which was the only means for them to be contacted, were some of the personal barriers the youth with disabilities experienced which hampered access to opportunities.

Summary of Chapter 4

This chapter was divided into two themes. The first, 'Building collaboration for change', showed how existing infrastructure was used to establish the DADs in communities through collaboration with government service providers. Even though this collaboration existed, there was a need to strengthen existing relationships; for more awareness to be created around the DAD service; as well as a more effective communication system to access information. This theme highlights the DADs' use and need of technology to facilitate access to information, and it also shows how the service providers' experience and knowledge influenced service delivery. The service providers

¹Siyakha Consulting is a marketing and consulting firm in Cape Town and is a member of IPDM. Siyakha have specialist divisions that focus on Human Resources, Diversity and Disability programmes and Learning and Development. <http://www.siyakha.co.za>

²HR Cafe is an organisation in Cape Town specialising in HR compliance and youth employment services and runs a project for children with Down Syndrome and other mental disabilities <http://www.hrcafe.co.za>.

show how their personal knowledge of disability was used to equip them in providing the service, and emphasised the unseen benefits they gained from providing the service to other persons with disabilities. This section covered the first and second objective by looking at the DAD at work and the very personal nature of the work.

In the second theme, the facilitators proved how peer support and the DAD itself served as encouragement and motivation to access potential opportunities for youth with disabilities to become empowered economically. The second theme also shows that the limited visibility of the DAD could contribute towards the ignorance of the DAD. Barriers such as inaccessible transport and violence in the communities were some of the challenges that prevented youth with disabilities from accessing available services. Poverty, stigma and missed opportunities were other areas that hampered the youth's access to services and information. The third objective was achieved in this theme.

The next chapter discusses the findings of the themes in relation to the literature by expanding the focal points identified by the participants as being important.

Chapter 5

Discussion

Introduction

This chapter discusses three key themes that emerged from the findings. They are 'Building capacity for change', 'The personal nature of the work', and 'Wake up, stand up and do things'. The themes are presented in the table below. In this discussion, the Empowerment and Livelihood components of the CBR guidelines (WHO, 2010) were used as a framework for inductive analysis and interpretation of the findings.

Table 5: Themes

Themes	Sub-themes	Objectives
Building capacity for change	<ul style="list-style-type: none">• Building collaborative relationships• Creating awareness of DAD• The need for structured systems• The role of ICT to access information• Missed opportunities	To describe the role and function of the DADs in assisting youth with disabilities in accessing information that facilitates participation in livelihood development
The personal nature of the work	<ul style="list-style-type: none">• Encouraged by peers• Using their experience as a guide• Unseen benefits• Low expectations	To describe the experiences of the DAD service providers in assisting youth with disabilities in accessing information that facilitates participation in livelihood development
Wake up, stand up and do things	<ul style="list-style-type: none">• You were like a fence around me• Making the most out of choices• Environmental barriers to accessing opportunities'• Vulnerability in the townships	To identify the factors (enablers and barriers) that influence youth with disabilities to access information on livelihood development opportunities

Theme 1: Building capacity for change

Theme 1 presents an interpretation of the first objective. This theme highlights the importance of building capacity for change through the role of the DAD and the service provided by community members with disabilities. I first discuss the collaborative relationships that exist between IPDM and government service providers, and how existing infrastructure has been used to reach youth with disabilities to pass on information and create awareness. This is followed by issues around creating awareness of the DAD and how this impacts access to livelihood opportunities. The collaborative relationships extend to knowing the relevant role players in the disability sector as it relates to the DAD. Lastly, Information and Communication Technology (ICT) and the role it plays is emphasised as an important strategy to the process of receiving and disseminating information and is the final thread in weaving together the theme that is 'Building capacity for change'.

Building collaborative relationships

The services provided by the DAD, such as providing information, creating awareness, maintaining a database and acting as a referral agent, can all be linked to the Livelihoods component of CBR (see literature review, page 1). This component specifically refers to waged employment and aims to build capacity in the individual through raising awareness about the work potential and through the right to employment of persons with disabilities. An area in which both livelihoods and empowerment components were evident in the project was in the partnerships that were built between persons with disabilities from the communities and IPDM. Another area is the collaboration between IPDM and government service providers, such as South African Social Security Agency (SASSA), specifically linked to the Financial Services and Social Protection elements of the livelihoods component. Other government service providers with whom IPDM collaborates through the Department of Health are a rehabilitation centre and two day hospitals, that provides avenues through which youth with disabilities can access information that could facilitate participation in livelihood development. As a result of this collaboration, it was evident that the DAD was accessible to people who visited these places. The findings show that youth with disabilities were interested in the service and that they were encouraged by the service providers with disabilities to approach the DAD. The evidence leads

towards the positive impact of Disabled People's Organisations (DPOs) on youth with disabilities, which highlights their agency and social empowerment and complements the empowerment aspect of CBR.

The value of collaboration between different sectors towards livelihoods development was highlighted in a recent South African study. In trying to establish how other youth with disabilities access development opportunities, a study undertaken in Cofimvaba in the Eastern Cape explored the capacity of family and service providers to facilitate access to skills development opportunities for youth with disabilities (Ned-Matiwane, 2013; Ned-Matiwane & Lorenzo, 2016). The findings indicated that one of the barriers that hinder economic inclusion was limited intersectoral collaboration. It was found that the absence of collaborative relationships contributed to information not reaching youth with disabilities and their families about available development opportunities. Furthermore, the findings show that service providers, particularly the development workers, had to learn to work with youth with disabilities and establish relationships with them. The study also speaks about the service providers confronting their attitudes towards disability and referred to identifying and critically analysing emerging patterns in people's occupational choices (Galvaan, 2010). The issue of occupational choice is highlighted in Theme 2.

These findings contrast with the current study in two instances. The first reveals how Ned-Matiwane and Lorenzo (2016) findings were not congruent with the current study in that the service providers with disabilities had fundamental awareness about disability. They understood the struggles and challenges of other persons with disabilities and through this 'knowing', relationships were formed with people who approached the DAD (see Theme 2). Therefore, when comparing the two studies, it is clear that the service providers with disabilities relate to persons with disabilities with empathy because of their knowledge, whereas service providers without disabilities relate to persons with disabilities with attitude because of ignorance. Similar findings could be found in a study in the United States which looked at how disability identities were constructed as people searched for work (Brown, Hamner, Foley & Woodring, 2009). In the

interactions with employment agencies, the participants who were persons with disabilities often made a distinction between agents who had disabilities and those who did not. They stated that service providers without disabilities were perceived as unable to understand the difficulties associated with finding work for persons with disabilities. This difficulty further suggests that limited involvement or collaboration with persons with disabilities is a negative factor in their livelihoods development, especially from a sustainability point of view.

The second instance is revealed in the current findings which demonstrate how intersectoral collaboration can enhance access to service delivery by ensuring that the resources of service providers are used to reach persons with disabilities, their families and communities. The collaborative relationship between IPDM and government service providers has made it possible for a platform such as the DAD to reach communities and provide information to youth with disabilities or their families. These collaborative relationships not only contribute towards the individual stakeholder objectives; it also speaks to the broader effect that empowerment has on ensuring livelihoods development for youth with disabilities.

Poverty, ill-health and the inaccessible environment are realities that many persons with disabilities face (Mitra, Posarac & Vick, 2012). These deep-seated problems cannot be solved by one agency on its own and have frequently led to collaborative efforts across different government sectors to solve them (El Ansari & Phillips, 2001). Building collaborative relationships with government service providers in the areas where the DADs are situated was crucial in linking youth with disabilities to services that could lead to skills development opportunities.

For example, the partnership between IPDM and a rehabilitation centre made it possible for the DAD to use the centre's facility and operate on specific days when persons with disabilities visited the centre as outpatients. Similarly, the agreement between IPDM and SASSA ensured that the DAD operated on the days which were allocated for issues related to disability grants, which made the service available to a larger volume of persons with disabilities. The existing infrastructure and access to youth with disabilities enhanced the partnership, which made this

union perfect for IPDM. The partnership was also welcomed by SASSA as it provided avenues which youth with disabilities could use to increase their independence and become less reliant on the disability grants. The collaboration proved to be extremely positive in that it not only benefitted IPDM by providing an avenue through which it could reach youth with disabilities in the communities, but in SASSA's case, it also enhanced the intended outcomes of their Customer Education and Empowerment element outlined in the Integrated Community Registration Outreach Programme (ICROP) strategy (SASSA, 2014). The purpose of this programme was to seek feedback on the process management, to create a platform to inform improvements, and to obtain approval for proposed recommendations.

The internal relationships between IPDM and the government service providers were not without some challenges. It emerged from the findings that the agreement between IPDM and SASSA on the role of the DAD and its physical presence at the SASSA office had not filtered down internally from SASSA's management to all staff. A particular case was seen with a SASSA office in one of the townships where many of the new office staff had little or no awareness of the service provided through the DAD. The problem for Nonnie, the DAD service provider with disabilities who worked at SASSA, was much deeper than staff having a limited awareness of the service. She felt unsure of her place at SASSA. At times she could not work because there was simply no dedicated space allocated to the DAD for her to work. She described the experience of working at SASSA as "working on a tender basis" and said, "at times you feel undermined" (Nonnie, 5 January 2015. Chapter 4 see page 61). In other words, Nonnie felt like an outsider, like she did not belong. This frustration resulted in an uncomfortable work environment and undermined the quality of her work life. This raises the question of how each individual contributes towards the stigmatisation of another. To transform the course of disability employment in the open labour market, Engelbrecht (2006) questions the extent to which persons with disabilities are equipped to challenge stigmatisation. Consideration needs to be given regarding the extent to which the private and public sector staff, who have direct dealings with persons with disabilities, are sensitised.

A recent study presented a coherent review of literature from 48 articles covering the period 1996 to 2011 related to factors affecting the acceptance of persons with disabilities at work (Vornholt, Uitdewilligen & Nijhuis, 2013). The review showed how important work is for persons with disabilities because being disabled often means being socially isolated, which leads to the finding above where some of the participants felt that they were "under house arrest" (Sharon, 14 January 2015. Chapter 4 see page 71). However, the study also revealed that even persons with disabilities who were employed felt stigmatised and less included in the group of colleagues than employees without disabilities. It stated that respondents working in community agencies, social work or psychology generally held more favourable attitudes toward persons with disabilities than the general population. These favourable attitudes could be as a result of having had more regular contact with and possessing more extensive knowledge about persons with disabilities. An example could be seen where the DAD service providers at a district hospital had a good working relationship with the staff. The staff at the health facilities dealt with persons with disabilities on a daily basis, therefore, favourable attitudes were experienced by the DAD service providers at these facilities. The staff of SASSA also had regular dealings with clients with disabilities but these favourable attitudes were not found with the SASSA staff. The limited awareness among the staff of SASSA towards the DAD service and the service providers with disabilities could also be seen as an absence of interest in the service provider as a person with a disability. The negative attitudes of SASSA staff could be compared to the service providers in Ned-Matiwane and Lorenzo's (2016) study and could hamper the strides made towards collaboration in reaching youth with disabilities.

The findings in this theme revealed what was needed for establishing a working relationship with government service providers. Operationally, there was a need for sound leadership skills, and reliable member expertise and capabilities. However, for strong collaborative relationships to flourish, regular and effective communication was a crucial element in the partnership equation. This could be compared to a study of primary health care practitioners who required the active involvement and ownership of the communities in which they practiced (El Ansari & Phillips, 2001). Similar challenges were revealed in which El Ansari and Phillips critically reviewed the

barriers to collaborative working in five community partnerships in South Africa. An evaluation of these partnerships, which included community members, voluntary agencies, community based agencies and NGOs, demonstrated that it was necessary for all stakeholders to forge closer working relationships and be more community responsive. In underprivileged areas, such as those where this study was undertaken, it was found that NGOs may be best placed for the tasks of fostering participation; however, this may require the development of new skills, partnerships and networking expertise. The study emphasised that the absence of structural and operational dimensions could prove a major constraint to effective partnership functioning. Although this study was based on health care practitioners building relationships with communities, it brings forth the relevance in establishing working relationships through collaboration. In the case of IPDM, the outcomes of the study could be applied to the DAD which shows that by strengthening existing relationships through networking and sound collaborative partnerships with government service providers, the community could benefit and youth with disabilities could be empowered.

It is evident that partnerships with government service providers were crucial for the DAD project to exist. However, building collaborative relationships without creating awareness of the DAD would counter the effect of community mobilisation and restrict awareness raising.

Creating awareness of DAD

When looking at awareness raising strategies undertaken by the DAD, it was clear that not enough was being done to inform the youth with disabilities and the community of the DAD service. All the participants felt that if information was freely available and easily accessible, then more persons with disabilities would be encouraged to do more for themselves as they would have access to opportunities. The service providers acknowledged their role in making information available, and to address the issue, they stated: “We must equip them to help themselves” (Sharon, 14 January 2015. Chapter 4 see page 71). The DAD service providers felt that to reach more people, an effective communication system to the public regarding the activities and services provided by the DAD was needed. For example, there was no visible information on the DAD in the surrounding areas such as signage, banners, posters or adverts in

local newspapers and on radio to indicate that a service was available where youth with disabilities could enquire about opportunities to learn, develop skills or be employed. The issue of accessibility of information to persons with disabilities had extended beyond the visibility of the DAD.

Wasserman, Bosch, Davidson and Jacobs (2006) study on access to media (print and broadcasting) identified that particular sectors of society were being neglected or under-served in South Africa. While work on women and children's media is widespread, the same cannot be said for persons with disabilities. The findings show that geographical location, language use and literacy compound media disparities, with urban media users favoured, and English and Afrikaans having a virtual monopoly of print and broadcast media (Wasserman et al., 2006). These have consequences within and between these under-served communities, reinforcing general racial and class disparities. An analysis of mainstream media pointed to a lack contextual coverage, for example, of systemic and societal issues, contexts and problems of under-served groups. Coverage was instead characterised by event-driven, sensational reports. Coverage of women and children focused on crime and violence, while that of persons with disabilities was limited to the advertising of events or services, with some coverage of sports.

While creating awareness is one of the key factors in eliminating poverty, according to the Livelihoods component of CBR, the limited visibility of the DAD could contribute to the ignorance of the project and create a barrier to accessing livelihood opportunities. One of the youth with disabilities, Zuko, explained that as an active member of the community he had no knowledge of the DAD because there was no visible indication of the DAD's existence (Zuko, 23 February 2015. Chapter 4 see page 79). His response raised the question of how many other people were unaware of the DAD. People were simply unaware, and unless they approached a rehabilitation centre, district hospital or one of the three SASSA facilities on the specific days when the DAD operated, they would remain ignorant of the DAD.

This finding concurs with the literature. Previous research has identified awareness raising as a

major barrier for youth with disabilities, specifically the inadequate access to information about available services and activities (Lorenzo & Cramm 2012; Duncan, Sherry & Watson, 2011; WHO, 2010). A recent study in a rural area of Eastern Cape in South Africa revealed that youth with disabilities lacked knowledge of services, and that some of the barriers to their economic inclusion were ineffective information dissemination (Ned-Matiwane & Lorenzo, 2016). The study showed that, although resources were available, information about available development opportunities was not reaching youth with disabilities or their families. Thus, youth with disabilities were unaware, uninformed and not accessing the opportunities. Similarly, a study of youth with and without disabilities in an urban area in Gauteng, South Africa, found that inadequate information and knowledge of the availability and utilisation of services and programmes are barriers for youth with disabilities wanting to access socio-economic opportunities (Lorenzo, Motau & Chappell, 2012). It is evident from these studies undertaken in both rural and urban settings that the problem lies with inadequate access to information.

It was interesting that, even though the current study faced similar problems such as inadequate access to information due to limited awareness and visibility of the DAD, the physical site of the DAD was not the only point of access for youth with disabilities. This finding was highlighted by the increased number of people calling the office in response to the DAD flyers that had been circulated. These 'callers' were referred to the DAD closest to them so that they could be entered onto the database as opportunity seekers. No record was kept of how many people were referred through the office to the DAD but what became clear was that most of the callers were handed the flyers by family members, neighbours or friends. Through this collective action, the Empowerment component of CBR is clearly evident as other people in the communities' work towards the same goal of inclusion and development of persons with disabilities while bringing about greater community ownership. The increase in the number of enquiries shows that, although there was a need for more visibility and awareness around the DAD, information about the service was still being conveyed into the communities and to youth with disabilities by other means. Even though Zuko had no knowledge of the DAD, he could still benefit from opportunities by virtue of being on the DAD database. This finding indicated that the DAD as a service had

extended beyond the physical DAD site (Journal entry, 12 July 2015).

The CBR Guidelines Empowerment component encourages programmes that can facilitate the empowerment of persons with disabilities by raising awareness, providing information, building capacity, and encouraging participation, which can lead to greater control and decision-making (WHO,2010). All the participants in the study at hand indicated that many persons with disabilities were not aware of services that might be useful to them. The participants believed that this poor awareness was a result of the absence of knowledge of "what is out there" (Zuko, 23 February 2015. Chapter 4 see page 83), which, coupled with the stigma associated with being disabled, kept them "under house-arrest" (Sharon, 14 January 2015, Chapter 4, page 71). The literature supports this finding. Many persons with disabilities may feel disempowered about participating and become socially isolated within their communities (Vornholt, Uitdewilligen & Nijhuis, 2013). This particular finding emphasises the potential positive impact of initiatives like the DAD to improve the aspects of livelihoods and empowerment of persons with disabilities within their local communities and society in general (WHO, 2010).

Overall, despite some setbacks linked to inadequate awareness and visibility of the DAD, it played a positive role in improving the livelihood and empowerment of people in the community. It promoted the sharing of information within the community and also required knowing who the various role players, such as NGOs/DPOs, to collaborate with were, as discussed in the following section.

The need for structured systems

Having knowledge of the various role players and the services they provide is important for DAD service providers to deliver an effective service. Prior to working at the DAD, two of the service providers were active in the disability sector and had a better understanding of linking the persons with disabilities to the appropriate organisation which could address their needs. The other two service providers, who were not active in the disability sector, had less knowledge and there was a clear distinction in their ability to accurately refer clients. In order that youth with

disabilities have access to decent work and skills development opportunities, it requires knowing who the various role players are and the services they provide, and necessitating partnerships between various service providers to secure support for a more inclusive enabling place in society (Van Niekerk, Lorenzo & Mdlokolo, 2006).

A study on community development workers (CDWs) across three African countries showed the ways the CDWs' role intersects with the role of service providers, as they both provide a service which aims to capacitate community members with disabilities (Lorenzo, van Pletzen & Booysens, 2015). Although some of the CDWs attended relevant skills development courses, they often worked with little human resource support and it was suggested that in terms of supervisory capacity and project management, competencies in developing and implementing management systems were needed. Unlike the CDWs, the service providers with disabilities had access to supervisory support, but highlighted the need for more structured systems to be in place. Although the service providers with disabilities attended training workshops and gained knowledge by visiting other organisations that provide services to persons with disabilities, they felt the need for more structured continuing professional development. This position again raises the question of capacity within IPDM and the need to identify strengths and gaps within the management systems. Similarly, gaining skills and knowledge could lead to increased confidence and self-esteem, which is an important part of the empowerment process and another method of capacity building (WHO, 2010). Identifying the strengths and gaps did not only apply to IPDM's management systems but also to its access and use of ICT as a means to access information, which is discussed in the next section.

The role of ICT to access information

This sub-theme explores how the role of ICT relates to the DAD project. It looks at how the DADs currently access information and the use of ICT as a means to access information and build capacity for change. For this process to unfold, the discussion focuses on the need for training to further empower the service providers with disabilities and equip them to provide accurate information.

The findings indicate that access to reliable ICT could enable a seamless flow of information from and to various sources and among the service providers themselves. When looking at the service providers' use of technology, the DAD project had little internal ICT capacity and infrastructure (see Chapter 4 p68). All the service providers with disabilities were concerned that the process of receiving information was tedious. A challenge encountered by one of the service providers who was blind was that information was often sent in electronic formats that were inaccessible for a blind person such as learnership opportunities, jobs, workshops or events related to disability and so forth. Similar findings in other studies show that when information is available, it is often not accessible to those with sensory impairments related to vision and hearing (Lorenzo, van Pletzen and Booyens, 2015; DWCPD, 2013).

While the concern was that information was getting to the DAD at a slow pace, there seemed to be an underlying anxiety among all the service providers that if more awareness was created around the DAD, they would need to assist more people. This increase would necessitate capacitating and equipping service providers with the necessary resources, such as an ICT system, where relevant information could be sourced immediately. There was also a need for a generic referral system to be put in place to be able to refer persons with disabilities accurately and monitor the impact of the DAD. These challenges, as well as not having relevant information in a timely manner, led to the service providers undermining their own capacity. The finding suggests that, with ICTs becoming increasingly integrated into every aspect of the modern world, coupled with the rapidly changing pace of technology, IPDM as an organisation can no longer be complacent and must start to adopt a more advanced attitude towards technologies and online activities.

Results of a recent survey investigating the state of ICTs in the NGO sector discovered that while NGOs are leveraging technology, they are not close to achieving its potential (SANGONeT, 2009). Very few NGOs were interested in ICT issues to the same extent as their interest and/or involvement in other development issues such as housing, gender, human rights, education and

so forth, linked to their primary focus. The survey also revealed that NGOs were rapidly embracing advanced functions of cell phones and used the internet browsers on their phones to access information for their organisations. The results showed that most people used instant messaging on the phone for personal use, but only 16% used it for their organisations (SANGONeT, 2009). The DADs operate differently in that the service providers with disabilities mostly use instant messaging to communicate in the work that they do by using their personal mobile devices - most of which were outdated. A benefit of using instant messaging in pursuit of the organisation's goals is that little training is needed. Embracing and integrating ICTs as a tool for communication and service delivery represents huge opportunities for the development of the DADs. With the proper technological resources, IPDM could use the internet to provide an efficient way to channel information about the DAD activities and connect with the general public, community partners and within the organisation.

Apart from the problems encountered by the service providers with disabilities relating to the access of ICT, what also emerged from the findings was the challenges in trying to contact youth with disabilities on their mobile numbers and how this could impact their access to livelihood opportunities.

Missed opportunities

It was not always easy for youth with disabilities to come to the DAD to find opportunities. An easier way for youth to access opportunities was if they could be contacted on the numbers given which were listed on the DAD database. The findings revealed that losing or changing numbers was a regular occurrence with youth with disabilities. Very often their mobile numbers would have changed due to their mobile devices being lost or stolen, as two of the youth with disabilities experienced (see Chapter 4 page 86). If contact numbers change and the service providers at the DAD were not informed, then many opportunities could be lost to youth with disabilities who approach the DAD for help in the first place. In a study in rural communities South Africa that explored how youth with disabilities access opportunities in skills development and employment, one of the limitations experienced was that the researcher found it difficult to locate the youth with disabilities and stated that the majority of the contact details were incorrect (Ned-

Matiwane, 2013). Similarly, one of the challenges I found in recruiting participants for this study was trying to reach them on their mobile phones. I wondered how other institutions and organisations contacted youth with disabilities for opportunities that became available if I struggled (Journal entry, 15 February 2015).

This challenge of not being able to reach youth with disabilities is viewed as a negative factor in the development of their livelihoods and empowerment opportunities. It was not uncommon and was experienced by many companies. IPDM's position as the economic arm of the Western Cape Disability Network encouraged numerous organisations who administer learnerships to source lists of suitable candidates for opportunities as they arise. As part of a monitoring process, IPDM requests that the organisations provide feedback on the successful candidates to monitor impact of the DAD and for them to be removed from the database as opportunity seekers. The response from some of the organisations who administer learnerships, such as Siyakha³ and HR Cafe⁴, was that almost all the younger candidates' (youth up to 35 years) cell numbers were always off; their phones either did not work were lost, or they had changed their numbers. This factor could result in many missed opportunities for the people who approach the DADs for help. This finding reveals the importance of ICT in integrating persons with disabilities socially and economically, as highlighted in Chapter 1. Most of the research found was on the importance of ICT such as mobile phones to stay connected and to access the internet, but I could not find supporting literature which looks at the barriers imposed by losing contact, which could result in lost opportunities. Further research is recommended around this issue.

Summary: Theme 1

One of the ways the first objective was met was by highlighting the collaborative relationships which formed between government service providers in the communities and IPDM. The theme revealed how intersectoral collaboration can enhance access to service delivery to youth with disabilities by ensuring that existing infrastructure has been used to pass on information and create awareness. What became evident was that it was mostly people who approached the

³Siyakha Consulting is a marketing and consulting firm in Cape Town and is a member of IPDM. Siyakha have specialist divisions that focus on Human Resources, Diversity and Disability programmes and Learning and Development. <http://www.siyakha.co.za>

⁴HR Cafe is an organisation in Cape Town specialising in HR compliance and youth employment services and runs a project for children with Down Syndrome and other mental disabilities <http://www.hrcafe.co.za>.

government service providers where the DADs were set up who were aware of the available service. Many people would be unaware of the service offered due to the limited visibility to the public. This ignorance of the DADs could hamper youth with disabilities in accessing livelihood opportunities. There was, however, a growing number of people from the community and family members of persons with disabilities who contacted the IPDM office directly because of information reaching them through the flyers. Through this collective action, the empowerment component of CBR is clearly evident as other people in the communities' work towards the same goal of inclusion and development of persons with disabilities while bringing about greater community ownership. The discussion also looks at the internal relationships between IPDM and SASSA, and touches on sensitisation and awareness of disability issues as it relates to SASSA staff and its impact on how the DADs operate. Lastly, the role of ICT is extremely important to facilitate access to information which can no longer be ignored and IPDM must start to adopt a more advanced attitude towards technologies and online activities. Mobile technology could address the challenges in accessing information, however losing cell phones or changing numbers can present further challenges which could result in lost opportunities.

The DAD service providers play a crucial role in delivering services to youth with disabilities. Their experiences are discussed in the next theme.

Theme 2: The personal nature of the work

This second theme relates directly to the second objective regarding the experiences of the service providers with disabilities of providing a service to youth with disabilities who approach the DAD. The discussion focuses on how youth with disabilities were encouraged by the service providers and how the service providers used their experience of disability in the work that they did. The unseen benefits that were experienced by the service providers are highlighted and, lastly, the low expectations held by the service providers of persons with disabilities are discussed.

Encouraged by peers

To render the DAD service in the communities, the project adopted a dual approach to disability,

as it is geared at persons with disabilities and is operated by persons with disabilities in their respective communities. In so doing, the DAD is aligned with the CBR Empowerment process as it enables the community members with disabilities who were 'recruited' as service providers to be active participants and contributors in their communities. Due to their personal knowledge of disability and their passion to help others in the communities, they were accepted into the project as staff with disabilities with potential. This response contradicts the general assumption that persons with disabilities are not capable (Thomas, 2002; Mitra, 2006), that persons with disabilities have less potential because of their impairments (Berthoud, 2008), and that they are unproductive (Lengnick-Hall, Gaunt & Kulkarni, 2008). It is evident that through this DAD project, the CBR approach was adopted as persons with disabilities were found to have potential and were involved in the implementation of services.

The Empowerment component of the CBR Guidelines states that persons with disabilities can often become victims and objects of pity and not agents able to make a difference (WHO, 2010). The findings revealed that the youth with disabilities who approached the DAD did not have this view of self-pity about themselves or of the service providers with disabilities. On the contrary, the youth with disabilities felt encouraged by them and the role they assumed in their communities. This phenomenon of feeling encouraged by their peers was evident in the psychosocial impact it had on the youth with disabilities as well as the service providers with disabilities. For instance, the visual image of service provider with a disability who struggled to walk did not evoke pity in Thembi, one of the youth with disabilities in SASSA. Instead, it triggered something that made her 'want to do something'. The service provider, Nonnie, on the other hand, used this platform to show that her disability did not hinder her ability to work. Nonnie's intention was to invoke in the viewer a sense of hope and agency and to raise their aspirations. It showed that the service provider with disabilities and the youth with disabilities used their agency, but it did more than that. This sense of agency is clearly portrayed when the youth with disabilities said, "how can I sit down...while it is difficult for her to walk, but she is getting up every day to go to work?"(Thembi, 24 February 2015. Chapter 4 see page 77). The interaction with the service provider with a disability touched Thembi, while at the same time it motivated

her. Thembi felt encouraged that if a person with a disability even more severe than her own was capable of working, then she was too. The youth with disabilities in this study demonstrated their determination to make changes in their lives by approaching the DAD. For the service providers with disabilities, on the other hand, being a contributor brought social recognition and this, according to CBR, is important in the empowerment process (WHO, 2010).

Similar findings were revealed in a study where the positive expectations of persons with disabilities reflected their spirit and drive towards accessing work, rather than self-pity (Dirks, 2013). In this study, participants actively chose to work rather than rely indefinitely on welfare grants from the South African government, and refocused away from their limitations and from societal stigma regarding them as subjects of pity and charity. The CBR Livelihoods component states that persons with disabilities who are not restricted by limited expectations and have succeeded in fulfilling their potential can be used as role-models to enable other persons with disabilities to raise their own aspirations (WHO, 2010). This phenomenon resembles peer support which is an aspect of peer group training that supports persons with disabilities in the community on many levels, both practically and emotionally. It is evident that peer support is effective in bringing about change for persons with disabilities. In the Western Cape, this support is done informally, fostering trusting relationships with clients that are often not gained in interactions with professionals (IPDM document, 2015). Research on peer support among people with severe disabilities found that peer-delivered services generated superior outcomes in terms of engagement of clients who were 'difficult to reach' (Davidson, Bellamy, Guy & Miller, 2012). Peer support should begin a process of "affiliation" because as Mead, Hilton and Curtis (2001, p.9) states, "people have felt alone in their "otherness" for a long time and need to practice "their new identities" within a context of safety and mutual support".

The service that is provided through the DAD by the service providers with disabilities is reflective of inclusive development. It can be compared to peer support as it is a powerful medium in which clients feel safe and comfortable to share, learn and engage with each other. This support links directly to the service provider's experience which they used to guide them as discussed in the next section.

Using their experience as a guide

When exploring the level of understanding the service providers with disabilities have of themselves in relation to their role at the DAD, the findings show that they had a deeper sense of connection and empathy towards clients, especially in dealing with persons with disabilities similar to their own. Two of the service providers had psychosocial disabilities and used their knowledge and personal experiences to guide them and encourage others. This personal knowledge and experience could also be seen as peer support, as it is about understanding another's situation empathically through the shared experience of emotional and psychological pain (Mead, Hilton & Curtis, 2001). In their role as referral agents, it was more complex than simply referring youth with disabilities to learnerships or jobs (Sharon, 14 January 2015). The service providers with disabilities understood the need for and the finer nuances of being socialised that many people with psychosocial disabilities lacked because of being isolated from society. They also understood that there were many psychological aspects associated with a person not being social. The CBR Empowerment component states that awareness is the level of understanding that individuals have of themselves, their situation and the society in which they live (WHO, 2010). In the situation where the service providers with disabilities act as referral agents, empowerment cannot simply be transferred when someone is given information or is referred to an organisation for a learnership or job. Empowerment is a slow process and the service providers with disabilities highlighted the importance of being socialised as paramount to this process.

In a recent study to understand the experiences of unemployed persons with disabilities engaged in an assisted employment programme in South Africa, it was revealed that support and acceptance during the transition into the workplace helped participants advance their social capital and integration as working citizens (Dirks, 2013). Other studies suggested that enabling social environments promote positive role identity and pull persons with disabilities from the periphery into a welcoming society (Diamant & Waterhouse, 2005; Lorenzo et al., 2007; Lloyd & Waghorn, 2007, cited in Dirks, 2013). Many persons with disabilities feel they are alone in facing a particular problem but find that, when their problems are shared, there are common solutions when meeting people who face similar problems (Mead, Hilton & Curtis, 2001). By using their

experience as a guide, the service providers with disabilities in this study did not simply refer persons with disabilities, but had the ability to empathise with clients. In so doing, they understood the needs of the person and used this ability to refer them.

The enabling and supportive role of the service providers with disabilities could in many ways be compared to community development workers (CDWs). A recent study which looked at determining the competencies of CDWs in rural South Africa, Botswana and Malawi showed that the majority of the CDWs were exposed to disability either by having a disability themselves or through family members who have a disability (Lorenzo, van Pletzen & Booyens, 2015). Although the study on the CDWs was undertaken in rural contexts, the fact that both CDWs and DAD service providers with disabilities had exposure to disability shows that both groups use their experience as a guide, which plays a critical role in restoring dignity and respect of persons with disabilities. When looking at some of the factors affecting the career choice of CDWs in these three countries, the findings showed that the CDWs clearly have empathy for and insights into the struggles faced by persons with disabilities growing up in rural areas (Rule, Kahonde & Lorenzo, 2015). Having empathy was a critical motivator for the choice of work of the service providers. Other motivators were the unseen benefits which they experienced through providing the DAD service.

Unseen benefits

The unseen benefits of providing a service that helps other persons with disabilities to become empowered are difficult to measure. The findings in this study show that all service providers with disabilities felt a sense of joy when they could help in anyway. These benefits became evident through affirmations such as “It makes you feel like you've really achieved something, that somehow, somewhere you've helped somebody” (Elsie, 28 December 2014. Chapter 4 see page 73) and “the benefits that I am getting out of it, it may be not money wise, but you know, things that I can carry with me in my life” (Andre, 11 March, 2015. Chapter 4 see page 74). It was evident from these statements that the gains associated with the type of work done at the DAD

suggested that considerable psychological benefits are accrued. This phenomenon could be likened to the benefits of volunteering to the volunteer.

There is sufficient evidence from the volunteer's point of view of the benefits that range across career, social and health dimensions (Alspach, 2014). Of these benefits, Alspach states that the career and social gains are more familiar as they may also represent an individual's personal motivations for serving as a volunteer. For example, the career-related benefits that volunteers may enjoy, such as obtaining work experience and acquiring new skills, may influence a person's decision to volunteer for a particular organisation or programme. Similarly, some of the social benefits that reflect a person's impetus for engaging in a particular volunteer activity are meeting new people and expanding one's social network. Benefits related to enhancing the volunteer's mental or physical health may be less frequently acknowledged (Alspach, 2014). The mental health benefits correlate to the experiences of the service providers with disabilities in this study, even though they were not true volunteers in the sense that they were paid a stipend for the time they spent at the DAD. It was evident that the work they did produced positive outcomes. Some of the negative factors which emerged through the findings were the low expectations the service providers had of persons with disabilities which are discussed below.

Low expectations

It was interesting to note that, even though the youth with disabilities were encouraged by the service providers with disabilities, some of the youth felt that persons with disabilities in general were not active enough in driving change in their own lives. Similarly, the service providers with disabilities felt that persons with disabilities were complacent, were used to receiving handouts and were mostly satisfied with receiving a disability grant. The source of income for five of the eight participants was a State disability grant (DG), which is often the only source of income for persons with disabilities. All the service providers with disabilities received a small income for time spent doing DAD duties. Of the three participants who did not receive a DG, two were service providers and the last participant was an unemployed youth with disabilities who did not qualify for a DG and who until shortly before the interview had no source of income.

When looking at the participants' perceptions of persons with disabilities, they felt that persons

with disabilities were generally complacent and more so if they received a DG. One of the service providers with disabilities was clearly frustrated when he referred to persons with disabilities, explaining that "they think that that [DG] is everything in life...but it's not"(Andre, 11 March 2015. Chapter 4 see page 73). The service providers with disabilities felt that many persons with disabilities did not try to achieve more with their lives and that the DG was sufficient. The CBR Livelihood component asserts that the exclusion of persons with disabilities from work imposes major costs to social welfare and social security systems (WHO, 2010); supporting the argument that the provision of skills and jobs rather than disability grants would better serve persons with disabilities.

In a study that explored how youth with disabilities accessed skills development and employment opportunities in the Eastern Cape, it showed that DGs could be used as a means of support or as a tool for removing barriers that prevent persons with disabilities from accessing livelihood opportunities (Ned-Matiwane, 2013). It stated that persons with disabilities could choose between using the DG in these two ways. Choosing the latter requires transformation to take place and letting go of complacent attitudes. The Empowerment component of the CBR Guidelines supports shifting of the mindset from being passive receivers to active contributors (WHO, 2010). Some of the participants in this study felt that there should be changes in the way that persons with disabilities think. The participants felt that persons with disabilities were complacent and were satisfied with receiving a disability grant, but did not think that this applied to themselves (Journal entry, 10 July 2015). This thinking is well illustrated by Swartz and Schneider (2006) who bring to light the challenges associated with trying to implement the social model of disability through social security, particularly the disability grant. Swartz and Schneider explain that social grants are disparagingly termed 'hand-outs' for persons with disabilities and are seen as being associated with attitudes towards persons with disabilities which are patronising and 'welfarist' (2006, p.236). Recognising the role social welfare benefit systems play is part of the transformation process and understanding this process is an important element in keeping persons with disabilities from transitioning to the open labour market (Turton, 2001).

While the studies above describe the popularly promoted prejudices linked to the grant system, in a more recent study which looked at people's attitudes and experiences to paid work and social

grants, the findings appear to counter these prejudices (Surender, Noble, Wright & Ntshongwana, 2010). This study included participants from the Eastern Cape and Western Cape who were all working age and were recipients of either disability grants or child support grants. The key findings show that both those in and out of work placed a high value on paid employment. Despite prolonged and high levels of unemployment, joblessness had not become 'normalised'. Irrespective of the introduction of an unemployment grant and the amount of such a grant, almost all grant recipients in the study agreed that work promotes dignity and preferred to have a job rather than remain unemployed. The unemployed were extremely motivated to get work and were willing to take low-paid jobs if it allowed them to enter the labour market and became a stepping-stone to something better (Surender et al., 2010). The most important explanation for unemployment given in both the survey and focus-groups was simply the limited amount of available jobs. The literature shows that there had been an increase in recipients of social grants. A growing concern was that the existing social grant system might act as a disincentive to the unemployed to seek work. The research above shows that, given the choice, employment would not only offer better financial rewards and security than social grants, it was also universally viewed as an important source of personal satisfaction and social integration (Surender et al., 2010).

When looking at the attitudes of the youth with disabilities and service providers towards persons with disabilities in general, this study revealed that many of the participants had the same low expectations of other persons with disabilities as society at large. What was surprising was that the service providers with disabilities held this view when the people who approached the DAD were mostly persons with disabilities or their family members who wanted to empower themselves. Even so, it was still felt that persons with disabilities were not active enough in driving that change. Many societal prejudices were evident among the participants. Such prejudices indicate that the underlying social structures that create disability in the first place are so deeply rooted that, even when being in a position that juxtaposes the traditional view of persons with disabilities, as in the case of the service providers with disabilities, that view is still held.

A study undertaken in Australia to investigate research on community attitudes towards persons with disabilities revealed that along with misconceptions and minimal awareness, the negative attitudes present challenges to social inclusion in various life situations such as education, employment and community participation (Thompson, Fisher, Purcal, Deeming & Sawrikar, 2012). In looking at the perceptions of persons with disabilities among themselves, a study was conducted among athletes with disabilities in Britain. The study revealed that, even though persons with disabilities may have regularly been subjected to negative perceptions concerning their own disabilities, it did not prevent them from exhibiting disablist attitudes toward people with a greater degree of disability or a different impairment to themselves (Brittain, 2004). Although the studies differ in context, the underlying disablist attitudes were evident among participants in both studies. Harro (2000) explains through the cycle of socialisation the diverse roles we were born into, how we have been socialised throughout our lives to accept society's assumptions of normality, and our individual role in the broader acceptance of oppression. The broader acceptance in this instance is the low expectations of persons with disabilities. The question arises: how deeply rooted are the prejudices of society that even persons with disabilities bestow the same oppression that is forced upon them, to other persons with disabilities?

Summary: Theme 2

The second theme relates to the second objective and showed that service providers with disabilities were able to encourage the youth with disabilities by raising their aspirations and instilling in them a sense of hope. The service providers had a deeper understanding of the needs of the youth with disabilities who approached the desks, and often used their own experience as a guide. At the same time, the theme reveals the immeasurable benefits experienced by the service providers in providing a service that helps other persons with disabilities to become empowered. What clearly emerged was a passion that was experienced by all the service providers and a genuine need to want to help youth with disabilities fulfil their potential. A growing concern in the literature and from the service providers was that the existing social grant system might act as a disincentive to the unemployed to seek work. While the service providers

understood the needs of the youth with disabilities, they also revealed their own negative attitudes and frustration that they felt towards youth with disabilities because of their limited agency. This limited agency could be attributed to the role the welfare system played which may have resulted in the youth not being active drivers of change in their own lives. The negative attitudes could also be a result of the deep-rooted prejudices and oppression accepted in society. Although faced with numerous other barriers, the youth with disabilities were also exposed to various enablers that promoted their access to livelihoods.

Theme 3: Wake up, stand up and do things

The final theme of the discussion explores the factors influencing how youth with disabilities access livelihoods opportunities. This theme links to the third objective in the study, which is to identify the factors (enablers and barriers) that influence youth with disabilities to access information on livelihood development opportunities. The four sub-themes attempt to gain an understanding of the impact of the DAD on the youth with disabilities in the communities. It sheds light on the factors that facilitate economic inclusion, as well as public and private barriers that hinder economic inclusion for youth with disabilities.

You were like that fence around me

Limited support, poor understanding and stigma associated with disability in many ways contributes to the unemployment of youth with disabilities. Some of the participants indicated that the stigma attached to disabilities was what kept persons with disabilities hidden away. One of the youth with disabilities said people in wheelchairs were not aware of the DAD because they were ashamed to be seen. Another participant indicated that the stigma would never go away unless persons with disabilities are seen and integrated into society. This alienation of persons with disabilities could also be as a result of them feeling that they do not belong. A larger concern was the widespread stigmatisation and discrimination, which were common barriers that restrict persons with disabilities from realising their employment goals and impacted their job-seeking behaviour (Barkey, Watanabe, Solomon, & Wilkins, 2009). Recently, Cramm, Lorenzo and Nieboer (2014) found that youth with disabilities in South Africa had higher rates of unemployment and

less social support, both affecting their well-being. These are some of the challenges that persons with physical disabilities can relate to, while the unseen or invisible disabilities are a heavy burden for those who bear them.

The well-being of Tito, the youth who lost his job due to his disability, was affected as he felt like an outcast. During this time of hopelessness and despair, he even thought about taking his own life. He reached a point of desperation where he felt that, if he did not find a job, he might be forced to do something regrettable to survive and might even end up in jail (Tito, 29 December 2014. Chapter 4 see page 77). Therefore, for Tito to have found an opportunity through the DAD in which he was free to disclose his impairment placed him in a protected position that made him feel supported and like he belonged, and ultimately improved his well-being.

When people feel worthless and incapable to change the circumstances of their lives, CBR programmes can facilitate this process by raising awareness, providing information, building capacity, and encouraging participation which can lead to greater control and decision-making (WHO, 2010). The DAD in this instance aligned with the Empowerment component of CBR by raising awareness that has led to greater control, decision-making and agency on the part of the youth with disabilities, Tito. For example, the presence of the DAD made him feel hopeful and encouraged him to return to the DAD. This hope was evident when he stated “I will know there is a place that will be able to change my life” (Tito, 29 December 2014. Chapter 4 see page 78). This hope is also seen in the discussion in the second theme where the youth with disabilities were encouraged by peers. More importantly, the idea that there was an organisation that promoted and supported the employment of youth with disabilities, and that there would be no discrimination based on their disability, was what made the difference in their search for employment. Having access to opportunities through DAD created hope for the youth with disabilities and reinforced their desire for permanent employment. This access was a positive factor that contributed towards improving skills development and waged employment, and aligned with the Livelihoods component of CBR.

Many persons with disabilities do not disclose their impairment for various reasons. This non-disclosure was evident when one of the youth with disabilities who suffered from epilepsy did not want to disclose his disability to his employer for fear that he might not be accommodated or might be discriminated against. He described a previous occasion where he had a seizure while at work and he subsequently lost his job. Disclosure is cited as a concern by many authors (Bishop, 2002; Goldberg, Killeen & O'Day, 2005; Ellison et al., 2003; Sing, 2012). The belief that disclosure might lead to discrimination or dismissal was substantiated by the youth with disabilities' experiences where disclosure, albeit involuntary, had produced negative outcomes (Bishop, 2002). Unless workers feel comfortable disclosing their impairments, the process of accommodation cannot proceed (Wilton, 2006). If workers are concerned that disclosure may result in dismissal or stigmatisation, then requirements for appropriate accommodation are ineffective.

It appears that disclosure can be empowering or disempowering. The fear of stigmatisation and not knowing the benefits of disclosure may be reasons for not wanting to disclose information. Another concern that may discourage disclosure is the perceived overwhelming and intrusive nature of the information that must be provided to determine whether a person has a disability or not (Sing, 2012). Sing further stated that lack of tolerance, arrogance, impatience, and misunderstanding can result on the part of persons without disabilities because of not being sure as to how to interact and treat their counterparts with disabilities. A threatening and uncomfortable work environment may also result, causing mutual frustration, thus undermining the quality of work life. These findings concur with findings discussed in Theme 1 earlier.

The issue of disclosure is a double-edged sword. If persons with disabilities do disclose their disability, then they potentially expose themselves to negative attitudes and further discrimination. Not disclosing on the other hand could deny them from the reasonable accommodations that they are entitled to. Reasonable accommodation may include the assistive devices which would improve job performance, therefore not disclosing would be seen as a negative factor in the experiences of youth with disabilities in accessing information on the

livelihood development opportunities. On delving deeper into the issue of disclosure, could it be that the emotional attachment of belonging is what drives people to disclose? Belonging is about feeling safe and feeling at home (Yuval-Davis, 2006). Belonging is ontologically about relationships and signifies the connection between the individual and the community –in this instance, the working community. When people feel that they do not belong, it stands to reason that they would not disclose their disability, especially if there is cause to believe that they would be further excluded.

The connection between the individual and the community as it relates to belonging can be seen in various philosophies. The African Ubuntu philosophy promotes a community's good through an unconditional recognition of individual uniqueness and difference (Eze, 2009). Similarly, the western philosophy of Communitarianism stresses the connection between the individual and the community (Avineri, 1992). Melnichenko (2013) introduces the Dharmic model of disability which looks at an ethical and spiritual approach to disability and has a common thread as the philosophies above. The Dharmic model emphasises the connection between the individual and the community and alludes to the innate humanness of each individual by addressing diversity, equality, inclusion, community and belonging. Melnichenko states that when persons with disabilities are acknowledged by their actions and their innate humanness and not by their outward appearance, society's underlying 'disablist' values will be challenged as they will no longer be 'othered' and belonging will occur naturally. The Dharmic model denotes that inclusion, belonging and the absence of hierarchy cannot be truly achieved if not guided by conscience. When one is guided by conscience in everyday practices, one acts ethically. To this end, Dharma speaks to a code of conduct that applies to all persons at all times and strives for the benefit of all creatures (Melnichenko, 2013).

This feeling of not belonging at the same time brings to light the question of internalised oppression and how this impacts disclosure, and in turn, livelihood and empowerment. An expansive body of research has investigated the experiences and adverse consequences of internalised oppression or internalised stigma for persons with disabilities (Harro, 2000; Lorenzo,

2005; Pentzell, 2009; Livingston & Boyd, 2010; Rieser & Mason, 1990). Harro (2000) refers to the cycle of socialisation and describes how we are born into an established and dynamic system of oppression which we each maintain through our predisposed social identities. This socialisation process is pervasive, consistent, circular, self-perpetuating and often invisible. We are inundated with stereotypical messages that shape how we think and what we believe about ourselves and others and go unquestioned. By participating in our roles, Harro argues that we reinforce stereotypes, collude in our own demise, and perpetuate the system of oppression. This learned helplessness is often called internalised oppression because we have learned to become our own oppressors from within (Harro, 2000). Similarly, internalised stigma is a socially constructed concept that carries many different meanings (Livingston & Boyd, 2010). One definition conceptualises internalised stigma as “the loss of self-esteem and self-efficacy that occurs when people internalize the public stigma” (Corrigan, Kerr & Knudsen, 2005, p. 179). In a systematic review of 127 studies, a large body of research examined associations between internalised stigma and other socio-demographic, psychosocial and psychiatric variables (Livingston & Boyd, 2010). The psychosocial review uncovered that a higher level of internalised stigma is associated with lower levels of hope, empowerment, self-esteem, self-efficacy, quality of life and social support. Internalised stigma or internalised oppression can therefore also be linked to the personal factors of International Classification of Functioning, Disability and Health (ICF) (WHO, 2010). ICF plays an essential part in identifying health problems and the impact of disability on inclusion in the workplace. WHO (2001) describes personal factors as internal factors which may include, among others, coping styles, attitudes, overall behaviour patterns, character and other factors that influence how disability is experienced by the individual.

Making the most of choices

All four youth with disabilities went to mainstream schools. Two youth with disabilities completed grade 11. One of the youth could not complete grade 12 because of her disability, and another found it difficult to access decent employment because he also did not have grade 12. Both had aspirations to complete their schooling and believed that not having grade 12 prevented them from accessing better opportunities such as permanent jobs. Loeb et al. (2008)

argued that persons with disabilities in South Africa fared worse than persons without disabilities in terms of completing their education and finding employment. The other two youth with disabilities completed grade 12, one of whom went to university and completed a National Diploma in Information Technology (IT).

When looking at how the youth accessed the DAD for information that could lead to livelihood opportunities, many youth were unsuccessful in securing learnerships as the criteria for learnerships was often for youth with grade 12 and maths. Only one of the youth with disabilities, at the time of the interviews, who had approached the DAD looking for opportunities was successful in securing a learnership. In fact, it was clear that his determination and persistence in approaching the DAD led him to secure a learnership. His behaviour could be linked to personal factors affecting participation, which are demonstrated in the ICF, as it is not only environmental factors that constitute facilitators or barriers. This attitude highlights the complexity of personal factors as it relates to the ICF and inclusive employment (WHO, 2001).

Tito had a high school diploma and found that he had more opportunities to secure jobs as well as advance in existing jobs because of his grade 12 compared to his peers who did not complete high school. Having a solid basic education allows persons with disabilities to compete for jobs in the open labour market and strengthen their advancement toward economic participation (Siphuka, 2011). What emerged from the youth with disabilities' experiences was that, by having grade 12, he was given an opportunity to participate in development programmes for staff at his place of work. Although this opportunity strengthened his advancement towards economic participation, it simultaneously alienated him from his co-workers who had been employed longer but were not included in programmes. This paradox made him unpopular and resulted in him being victimised, which later led to him losing his job. This experience brings to light the negative social impact on work relationships when having an education and/or impairment allows one more privilege than one's peers who have neither. This situation again touches on the issue of belonging.

When looking at the choices in accessing livelihood opportunities, in many cases people who live in poverty do not have the luxury of choosing their income generating opportunities. The recognition that the social context promotes some choices and hinders others sheds light on the ways in which established patterns of occupational choice might contribute to social inequalities or occupational injustices (Galvaan, 2015). The financial implications of being unemployed was a major burden, especially on the unemployed youth with disabilities as he had the responsibility of a house and other debt yet he did not receive a DG. Tito acknowledged the dangers of doing 'unsafe jobs' as someone with epilepsy but had no choice as the need for basic survival items such as food outweighed the dangers linked to the jobs he did. Zuko complained that, even though he was in the City of Cape Town's Expanded Public Works Programme and was able to earn a small income, he felt that persons with disabilities in the programme were being exploited as there was no opportunity to be permanently employed. In both instances, the youth had little choice in the work that they did, as they needed to earn an income but felt that they could do better had there been more options or better opportunities. Aaron, the youth who had a university education also found it difficult to pursue a career in his chosen field because his impairment affected his hand function. He was determined to use every opportunity to earn an income while at the same time learning and gaining experience. He felt that it was possible to do this through the learnerships where he could explore his capabilities and functionality before embarking on a new career path. Similarly, Thembi wanted to do a learnership where she could learn about business as she was operating a hairdressing service from home.

All four youth demonstrated that although they had limited options in choosing jobs or a career, they used their agency to maximise their prospects. There was also no sense of pity demonstrated by any of the youth with disabilities or any attitudes of inadequacy or inferiority because of their impairment. In fact, they were bold, each in their own circumstance, by doing work that was unsafe, working where there were no prospects of advancement and through further learning. In other words, they used their agency and made the most out of the choices they had.

These findings differ to the findings of Engelbrecht (2006), where she draws attention to the

experiences of employees with disabilities in an open labour market setting in a company in Cape Town. She showed that participants were hampered by negative self-perceptions and that it contradicted literature (Strong, 1998, cited in Engelbrecht, 2006) which described work as a powerful facilitator of change in a person's self-concept and self-efficacy. Engelbrecht found that the persons with disabilities appeared to doubt their own abilities and regard themselves as lesser than workers without disabilities. A sense of inferiority and limited agency are highlighted in the study that she refers to as the cycle of inferiority. The context of this study at hand differs to Engelbrecht's in that her participants were all employees of a recruitment company called Altitude Workforce Solutions, whereas the participants in the current study were youth with disabilities searching for a means to earn an income or service providers with disabilities who provided a referral service to the youth. I found it intriguing how the workers with disabilities in Engelbrecht's study, although having a job, felt inferior and lacked agency, whereas the youth with disabilities in this study displayed no sense of inferiority or inadequacy. In fact, they felt capable and able to work but needed the opportunities that would allow them to contribute to society.

The importance of personal factors in the ICF outlined in Chapter 1 can be seen in the situation above. This finding also speaks to the essential part personal factors play in effecting health problems and the impact of disability on inclusion. It describes an instance where some persons with disabilities doubt themselves, whereas other persons with disabilities thrive, depending on their attitudes and behaviour patterns. The only difference has been personal factors.

Vulnerability in the townships

The safety of persons with disabilities was a major concern, especially in the lower socio-economic areas where the participants lived. One of the youth with disabilities highlighted the violence people face and the vulnerability of persons with disabilities in the townships. Persons with disabilities represent easy targets to criminal elements in the community and therefore are particularly vulnerable within the townships and Cape Flats of Cape Town, which have an established culture of gangsterism (Daniels & Adams, 2010; Bailly & Gibson, 2013). One of the youth with disabilities, Aaron, spoke about people not feeling safe and staying indoors (Chapter 4 see page 81). He had first-hand experience of being a victim of crime, having been robbed of

his phone at gunpoint en route to the taxi rank. He described himself as being an easy target because he had a disability. Another participant, Thembi, had a similar experience where she was robbed by gangsters and her phone was stolen.

Engelbrecht (2006) highlights the concept of 'victim' associated with persons with disabilities that implies helplessness, fate and being at the mercy of the environment. In considering the environment, it cannot be ignored that the high levels of unemployment and poverty among township families have created the opportunity for gangs to exploit the vulnerable and the unemployed (Daniels & Adams, 2010). The rise in gangsterism and high unemployment, coupled with inaccessible environments, make it easy for persons with disabilities to be perceived as trouble free targets, particularly in large cities where they live on the outskirts and are forced to access public transport (Bailly & Gibson, 2013). It was clearly demonstrated by the youth that those who are more vulnerable, particularly persons with disabilities, are at the mercy of the environment. Living in gang ridden environments simply magnified the challenges they faced daily as persons with disabilities. How then are youth with disabilities expected to change the trajectory of their lives when they are continuously faced with challenges that keep them suppressed, homebound, jobless and vulnerable? Therefore, the external factor of living in a dangerous environment was a distinctly negative consequence in the experience of youth which in many ways affected their ability to access livelihood development opportunities.

Accessing public transport in townships

Poverty and the need for improved environmental accessibility were major challenges for persons with disabilities living in the townships. Two of the youth with disabilities explained that not having money to access transport, make calls or even send text messages was a real problem they faced in trying to access employment (Tito, 29 December 2014; Thembi, 24 February 2015). Living in the townships meant that the youth with disabilities needed to access public transport. This access was a particular concern for the two youth who were wheelchair users and who stated that the local taxi services were unreliable and that they often did not stop for them. This finding concurs with other studies in similar contexts that showed that one of the main issues that arose for persons with physical disabilities was accessing transport because the public transport system

was not accessible to them (Kahonde, Mlenzana & Rhoda, 2010; Lorenzo, 2008). One of the youth worried about his personal safety when travelling by taxi. His concern was that the taxis were not accessible without assistance and he was afraid he might be injured if somebody tried to assist and did not know how. This concern was raised in a study where women with disabilities in two communities in Cape Town mobilised for an accessible public transport system so that they had equal opportunities to participate in social and economic development (Lorenzo, 2008). It was found that a significant number of women in this study sustained their impairment as a result of road traffic accidents or using public transport such as buses or taxis. The current public transport system is fraught with barriers to participation, which Lorenzo (2008) states left women with disabilities isolated and emotionally vulnerable. Findings from other studies similarly found that due to geographical location, inaccessible transport also impacted access to public services and facilities for persons with disabilities (Lorenzo, Ned-Matiwane, Cois & Nwanze, 2013; Lorenzo & Cramm, 2012). Poverty and inaccessible environments could also result in persons with disabilities having less access to basic information about their rights and, in many cases, they do not have the resources necessary to seek or receive information (Mitra, Posarac & Vick, 2012; Mathiesen, 2008). Accessing public transport is essential for economic inclusion and mainstreaming of youth with disabilities as all the participants were reliant on public transport. Limited or no access to public transport is a barrier to inclusion and a negative external factor which impacts their ability to access livelihood development opportunities.

Summary of Theme 3

This theme shows that belonging, hope and agency were key enablers to youth with disabilities to drive change in their lives. The youth with disabilities in this study demonstrated the desire to work and earn an income. They were bold, each in their own circumstance, by doing work that was unsafe, working where there were no prospects of advancement and through further learning. In other words, they made the most out of the choices they had which is an indication of their autonomy and agency and is reflected through the personal factors in the ICF. Another factor that emerged was the issue of disclosure and how internal oppression could play a role in their sense of belonging and in turn affect their work seeking behaviour and need to disclose. The issue of visibility of the DAD highlighted in Theme 1 is not the only barrier that prevents youth

with disabilities from accessing the DAD. It is apparent that the ignorance of the physical location of the DAD prevents more youth with disabilities from accessing potential opportunities. The structural inequality of the past, such as residential segregation and educational discrimination, plays a huge role in contributing to the exclusion of youth with disabilities from economic opportunities today. The youth with disabilities who live in the townships may have many financial hardships as well as be exposed to violence. Inaccessible and unsafe transport systems exacerbate the challenges youth with mobility impairments face. Unfortunately, these everyday problems experienced by youth with disabilities could result in persons with disabilities having less access to information that could lead to economic opportunities. Added to this, the stigma and internalised oppression are magnified by these youth's feelings of not belonging. A positive outcome in this theme is that the DAD offers hope and through this, a sense of belonging. This sense of belonging could positively affect the wellbeing of youth with disabilities which could facilitate their advancement towards economic empowerment through access to information.

Limitations of the study

I will now present possible limitations of the chosen methodology. The study population included eight persons with disabilities in total. Four were DAD service providers and four were youth with disabilities chosen for practical reasons. The difficulty in locating participants using the contact numbers provided from the database resulted in youth with disabilities from only two of the five areas being able to participate. Therefore, the sample representing the youth with disabilities is only of youth with disabilities in the communities who had been on the DAD database or who had encountered the DAD in two of the five areas. The data gathered did not take into account the experiences of youth with disabilities searching for opportunities and who approached other CBOs or NGOs such as DWDE⁵ or companies such as Altitude Group⁶ and Harambee⁷.

⁵DWDE is a free service that helps young South Africans with disabilities find employment. DWDE was established in 2007 and was the brainchild of IPDM. www.dwde.co.za

⁶Altitude Group provides staffing solutions through the recruitment, placement and employment of persons with disabilities in South Africa. www.altitudegroup.co.za

⁷Harambee is a youth employment accelerator which connects employers looking for entry-level talent to young, high-potential work-seekers who are currently locked out of the formal economy. www.harambee.co

The analysis invites the reader to understand the experiences of eight persons with disabilities from the communities who engage with the DAD to access livelihood opportunities. This chapter has presented a discussion of the themes that emerged in answer to the study objectives with consideration of their fulfilment. The next chapter will provide recommendations related to service delivery and further research.

Chapter 6

Conclusion and Recommendations

This chapter gives an overview of the study by highlighting the major issues as they were presented in each chapter. The key themes that emerged from the findings are linked to objectives 1 to 3. The fourth and final objective is presented hereunder, which is to make recommendations for the study.

Introduction

The context for this research study was introduced in Chapter 1 which outlined the research by giving a background to disability, the issue of belonging and a brief perspective of the medical and social models of disability. The personal factors of ICF and their influences on a person's functioning were described. The chapter continued by discussing disability as a development issue and demonstrated how disability and poverty are linked. Poor enforcement of government empowerment strategies has detracted from progress being made in the employment of persons with disabilities even though enormous progress has been made in the compliance with the UNCRPD at a legislative and policy level. The importance of access to information was highlighted, with particular emphasis on the role of Information and Communication Technology (ICT). The reader was then introduced to the Institute for the Promotion of Disabled Manpower (IPDM), a NGO which focuses on issues relating to the economic empowerment of persons with disabilities and which operates in the Cape Metropole. The DAD is an ongoing project of IPDM and the role it played in providing access to information for youth with disabilities formed part of the contextual background of the study. The chapter concluded with the research problem, rationale, aim and study objectives.

Chapter 2 presented the review of literature underpinning disability related issues within the context of the Community-Based Rehabilitation (CBR) Empowerment and Livelihoods components. These components were focused on as they relate to access to information as a

right that could lead to economic empowerment. This chapter explored the literature which followed the set of objectives that guided the study. It gives insights into the role of Community Development Workers (CDWs), which have many similarities to the DAD service providers. In confronting stereotypical assumptions towards disability, the literature shows that there is a general assumption that persons with disabilities are not capable (Thomas, 2002; Mitra, 2006), that they have less potential because of their impairment (Berthoud, 2008) and that they are unproductive (Lengnick-Hall, Gaunt and Kulkarni, 2008). In addition, persons with disabilities are identified as a devalued 'Other' in society which Watermeyer (2006) asserts are our conflicted emotional responses to disability. This widespread misconception could restrict public awareness about disability issues which in turn could discourage people from disclosing their disability.

The literature then described the barriers persons with disabilities face to accessing opportunities such as poverty, violence in townships, accessing public transport, and ignorance of available services. The facilitators highlighted in this chapter are building collaborative relationships and partnerships across sectors that will encourage both public sector participation and intersectoral working. Then lastly, the impact of ICT is explored and its potential for enhancing opportunities for persons with disabilities. The literature also looked at ICT and the NGO sector in South Africa.

Chapter 3 described the research methodology used to examine the participants' experiences as they engaged the DAD. This qualitative study was confined to the Cape Metropole area and was a small study of eight persons with disabilities. The enormity of the phenomenon investigated was not fully revealed as the choice of methodology, Stake's (1995) instrumental case study, explored the participants' experiences in depth. Through this method, it is understood that issues are not straight forward, but intricately wired to historical, social, political and especially personal contexts. The guiding paradigm is based on an interpretivist view; according to Creswell (2007), researchers who align with this view recognise that their own background shapes their interpretation, and they position themselves in the research to acknowledge how their interpretation flows from their own personal, cultural and historical experiences. Being directly involved in the organisation and the DAD project, as well as being a person with a disability, I used researcher reflexivity to increase the integrity and trustworthiness of the research.

Chapter 4 presented the themes of the research findings that addressed the research objectives, namely, 'Building capacity for change' and 'Wake up, stand up and do things'. The first theme relates to the first and second objective which is to 'describe the role and function of the DADs in assisting youth with disabilities access information that facilitates livelihood development', and to 'describe the experiences of service providers with disabilities in assisting youth with disabilities access information that facilitates livelihood development'. The second theme relates to the third objective which focuses on the experiences of youth with disabilities in accessing information on livelihood opportunities.

In Chapter 5, the discussion chapter, I presented three key themes to interpret the findings. They are 'Building capacity for change', 'The personal nature of the work' and 'Wake up, stand up and do things'. These three themes are outlined below.

The first objective is focused on in Theme 1. The first objective is to describe the role and function of the DADs in assisting youth with disabilities in accessing information that facilitates participation in livelihood development. The first theme of the discussion, 'Building capacity for change', is divided into five sub-themes: 'Building collaborative relationships', 'Creating awareness of DAD', 'The need for structured systems', 'The role of ICT to access information' and lastly 'Missed opportunities'.

Theme 1: Building capacity for change

The first sub-theme, 'Building collaborative relationships', sheds light on the synergy between the organisation IPDM and government service providers. It shows the importance of creating partnerships and how building collaborative relationships with government service providers in the areas where the DADs are situated was crucial in linking youth with disabilities to services that could lead to livelihood development opportunities. Even though partnerships were established, it was evident that more awareness of the DADs and sensitisation towards persons with disabilities was needed on the part of staff where the DADs were situated.

The second sub-theme, 'Creating awareness of DAD' the findings revealed that more awareness needed to be created to inform persons with disabilities and the broader community of the services available. What became apparent was that although there was a need for more visibility and awareness around the DAD, the physical site of the DAD was not the only point of access for youth with disabilities. Information about the service was still being conveyed into the communities and to youth with disabilities by other means. This finding was highlighted by the increased number of people calling the IPDM office in response to the DAD flyers that had been circulated. Through this collective action, the Empowerment component of CBR is clearly evident as other people in the communities' work towards the same goal of inclusion and development of persons with disabilities while bringing about greater community ownership. Despite some setbacks linked to inadequate awareness and visibility of the DAD, it played a positive role in improving the livelihood and empowerment of people in the community.

This third sub-theme 'The need for structured systems' addressed the needs of the DAD service providers. What stood out was a need to build individual capacity that was structured and that could lead to continuing professional development. Gaining skills and knowledge could lead to increased confidence and self-esteem, which is an important part of the empowerment process and another method of capacity building (WHO, 2010). The findings revealed the need for more structured systems to be in place which raised the question of capacity within IPDM and the need to identify strengths and gaps within the management systems. What had also emerged was that the organisational capacity had to be evaluated in terms of its human capital, material and financial resources.

The fourth sub-theme 'The role of ICT to access information' explored how the role of ICT relates to the DAD project. It looked at how the DADs currently access information and the use of ICT as a means to access information and build capacity for change. The DAD project had little internal ICT capacity and infrastructure, therefore access to reliable ICT could enable a seamless flow of information from and to various sources and among the service providers themselves. The

finding suggests that, with ICTs becoming increasingly integrated into every aspect of the modern world, coupled with the rapidly changing pace of technology, IPDM as an organisation can no longer be complacent and must start to adopt a more advanced attitude towards technologies and online activities. Embracing and integrating ICTs as a tool for communication and service delivery represents huge opportunities for the development of the DADs. With the proper technological resources, IPDM could use the internet to provide an efficient way to channel information about the DAD activities and engage with the general public, community partners and within the organisation.

In the final sub-theme, 'Missed opportunities', the findings revealed that losing or changing contact numbers was a regular occurrence with youth with disabilities. Very often their mobile numbers would have changed due to their mobile devices being lost or stolen. If the service providers at the DAD were not informed of their contact details changing, many opportunities could be lost to youth with disabilities who approach the DAD for help in the first place. This challenge of not being able to reach youth with disabilities is viewed as a negative factor in the development of their livelihoods and empowerment opportunities.

Theme 2: The very personal nature of the work

The second theme in this section, 'The very personal nature of the work', focused mostly on the second objective and describes the experiences of the service providers with disabilities. The sub-themes are 'encouraged by peers', 'using their experience as a guide', 'the unseen benefits', and lastly 'low expectations'.

Here, the personal nature of the work that is carried out by the service providers is elaborated on. In so doing, the findings show that the DAD is aligned with the CBR Empowerment process as it enables the community members with disabilities who were 'recruited' as service providers to be active participants and contributors in their communities (WHO, 2010). Peer support is reflected on as a powerful medium as it relates to the service providers using their experience as persons with disabilities as a guide, which plays a critical role in restoring dignity and respect of

persons with disabilities (Davidson, Bellamy, Guy and Miller, 2012). A positive factor was the psychological benefits the service providers experienced through providing the service to other persons with disabilities (Alspach, 2014). They spoke of a sense of joy and achievement when they were able to help persons with disabilities.

Despite the psychological benefits experienced by the service providers with disabilities, what I found surprising was the low expectations most of the participants had towards persons with disabilities in general. They felt that many persons with disabilities did not try to achieve more with their lives and that a disability grant was sufficient. Swartz and Schneider explain that social grants are disparagingly termed 'hand-outs' for persons with disabilities and are seen as being associated with attitudes towards persons with disabilities which are patronising and 'welfarist' (2006, p.236). The disablist attitudes among the participants raised a question: 'how deeply rooted are the prejudices of society that even persons with disabilities bestow the same oppression, which is forced upon them, to other persons with disabilities?'

Theme 3: Wake up, stand up and do things

The third theme 'Wake up, stand up and do things', focused on the third objective which is to identify the factors (enablers and barriers) that influenced disabled youth accessing the DADs for information on the livelihood development opportunities. The sub-themes under this section are 'you were like a fence around me', 'making the most out of choices', 'vulnerability in the townships' and lastly 'accessing public transport in townships'. The first sub-theme, 'You were like a fence around me', shows how the DAD facilitates economic inclusion by encouraging youth with disabilities to seek opportunities. The idea that there was an organisation that promoted and supported the employment of youth with disabilities, and that there would be no discrimination based on their disability, was what made the difference in these youths' search for employment. The DAD in this instance also brings to light the issue of belonging as it signifies a place or service that brings hope, encourages people and could change lives. It also aligns with the Empowerment component of CBR by raising awareness that has led to greater control, decision making and agency on the part of youth with disabilities (WHO, 2010).

A question raised was that of the emotional attachment of belonging and how it relates to disclosure. When people feel that they do not belong, it stands to reason that they would not disclose their disability, especially if there is cause to believe that they would be further excluded. The fear of exclusion in turn links to internalised oppression and to the personal factors of ICF which plays an essential part in affecting health problems and the impact of disability on inclusion in the workplace.

The issue of awareness of the DAD, highlighted in Theme 1 of the discussion chapter, was not the only barrier that prevented youth with disabilities from accessing the DAD. The structural inequality of the past, such as residential segregation and educational discrimination, plays a huge role in contributing to the exclusion of youth with disabilities from economic opportunities today (Loeb et al., 2008). When looking at choices in accessing livelihood opportunities, the findings revealed that the youth with disabilities did not have the luxury of choosing their income generating opportunities. Living in poverty meant that they needed to earn an income and did any job that presented itself, even if it was unsafe for them. The need for basic survival items such as food outweighed the dangers linked to certain jobs. In many instances the youth with disabilities felt exploited as they had little choice in the jobs they did but felt that they could do better had there been more options or better opportunities for jobs. This again links to the personal factors relating to ICF and the issue of choice in the work that youth with disabilities undertook (WHO, 2001).

Youth who live in the townships may have many financial hardships, but youth with disabilities even more so. Youth with disabilities who do not live close to the facilities where the DADs operate have the added burden of commuting with taxis which cost money and are not accessible or safe for people with mobility impairments who rely on wheelchairs (Lorenzo, 2008; Kahonde, Mlenzana & Rhoda, 2010). The high crime rate in the townships is another barrier that could result in many youth with disabilities being indoors. The findings concur with the literature in that high unemployment coupled with inaccessible environments where youth with disabilities are forced to access public transport makes them trouble free targets in gang ridden areas (Bailly

& Gibson, 2013). These barriers together with the stigma attached to disability are only some of the factors that prevent youth with disabilities from accessing potential opportunities. What emerged from the data, despite the numerous challenges they face in their daily lives, was that youth with disabilities have a strong desire to work and earn an income, which is an indication of their autonomy and agency.

Using mobile technology could address the challenges in accessing information, however losing cell phones or changing numbers could result in lost opportunities as is highlighted in Theme 1. These everyday problems experienced by youth with disabilities could be caused by poverty, inaccessible environments or stigma, among others, and could result in persons with disabilities having less access to information that could lead to economic opportunities.

The fourth and final objective is presented hereunder, which is to make recommendations for the study.

Recommendations for service delivery

I have identified the following recommendations with the view of improving access to information for persons with disabilities through better performing DAD to enable greater access to livelihood development opportunities for youth with disabilities.

1. To create more awareness on the service that is provided through the DADs, it is recommended that IPDM draw attention to the physical location of the DADs and improve visibility by using signage, banners and posters to indicate that a service is available to youth with disabilities and other community members. Other ways to raise awareness could be advertising in the local newspapers and on the local radio stations, placing notices at libraries in the communities, and distributing flyers. Lastly, creating awareness could also be accomplished by having open days at the host facilities.
2. I would recommend using existing networks to expand the DAD project to more SASSA

outlets. Building more alliances and partnerships with CBOs and public service providers, and having open days and activities set up at locations where there is a large amount of traffic such as malls, schools, churches and health facilities could raise more awareness. These programmes in the communities would enable more youth with disabilities to become aware of the services provided by the DAD and could encourage them to seek opportunities. This action could eliminate the need for persons with disabilities to travel by inaccessible public transport, which could make them less vulnerable to crime (Bailly & Gibson, 2013). The important task that lies ahead for IPDM is to first develop a meaningful service and create awareness in the existing areas, and then to consider expansion.

3. I would further recommend that IPDM look at emulating the NAP (see chapter one) by providing an integrated service to the disability community which offers accessible technological services, communication services, data synthesis services and other commercial services. The DAD will thus be targeted as a one-stop information, services and communications channel that supports everyone involved in the disability field – persons with disabilities, caregivers, the medical profession and those offering services in the domain of employment and other areas.
4. Informing SASSA staff of the role and function of the DAD is the first step toward strengthening ties. A DAD orientation or an introductory workshop could be conducted for all staff at the SASSA outlets so that an increased understanding and awareness of the DAD ensues. At the same time, this orientation could facilitate a greater awareness and sensitisation of disability for SASSA staff. This understanding could also allow the staff to refer clients to the DAD as and when needed.
5. In the context of inter-sectoral collaboration, sound leadership skills, regular and effective communication and reliable member expertise are crucial elements in the partnership equation. For these lessons to be applied, it is recommended that an

assessment of organisational capacity be undertaken to evaluate its human capital, material and financial resources. In my opinion, an assessment will allow one to gain a detailed understanding of what exactly the strengths are which can be built on and the gaps which need to be addressed. This assessment should be facilitated by a skilled advisor and an organisational development plan should then be constructed on the basis of the findings of this exercise.

6. When looking at the DAD service providers' use of technology, the findings show that DAD had little internal ICT capacity and infrastructure. It is my opinion that the organisation can no longer be complacent and must start to adopt a more advanced attitude towards technologies and online activities. The integration of ICTs as a tool for communication and service delivery represents huge opportunities for the development of the DAD. ICTs could strengthen existing referral systems and could be a step towards an effective awareness-raising strategy. With the proper technological resources, IPDM could use the internet to provide an efficient way to channel information about the DAD activities and engage with youth with disabilities, the general public, community partners and within the organisation. One of the major challenges which could also be linked to communication was reaching persons with disabilities on the contact numbers they provided for available opportunities. Use of mobile phones to stay connected and to access the internet could assist in exploring the barriers related to losing contact which could result in lost opportunities.
7. In addition to the need for ICT, there was a call for continuing professional development among the service providers with disabilities. Gaining skills and knowledge could lead to increased confidence and self-esteem, which is an important part of the empowerment process (WHO, 2010). The challenge of not having relevant information in a timely manner, as well as not having proper systems in place, suggests that the service providers undermined their own capacity. The findings showed that, although the service providers had access to supervisory support, they need more structured systems to be in place.

Again, this need raises the question of capacity within IPDM to identify strengths and gaps within the management systems.

Recommendations for further research

Further research in this field may consider adapting the method of research to quantitative studies to broaden this body of knowledge pertaining to the DAD. This study has identified the following areas for possible research in the future:

1. Research to indicate what percentage of people who are referred through the DAD, are placed into learnerships which resulted in permanent employment.
2. Explore potential collaboration between TVET colleges and DADs to provide information on certified courses and programmes that provide opportunities for articulation to further education and training.
3. Research to indicate the impact ICTs have on persons with disabilities in the communities which enable them to effectively participate in the educational, social and economic activities and democratic processes which make use of these technologies.

Conclusion

The chapter has summarised the five chapters. It presented recommendations related to service delivery to improve access to information for persons with disabilities to enable greater access to livelihood development opportunities, as well as recommendations for further research. It also demonstrates the aim and the objectives for this study have been met.

The research experience has been invaluable for me. Being part of an organisation that strives to make a positive difference in the lives of persons with disabilities is extremely rewarding. The work that I do, working directly with the group of service providers with disabilities has made me examine the way I view disability. Through this study, I was privileged to not only examine the way I view myself and my own positionality as a person with a disability, but to glimpse the lived experience of disability with its many variables. As a novice in the world of research, I have been

inspired by the many people who work tirelessly in shedding light on the issues facing persons with disabilities, fellow students, lecturers and many others.

Conducting this research study has been a challenging but very rewarding journey– rewarding because of the reasons mentioned above; challenging because much work still needs to be done to develop, implement and improve strategies that would ensure access to opportunities that could lead to the successful and meaningful livelihoods development of persons with disabilities.

Postscript

The DAD service providers have all been issued with iPads for use at the DADs to enable easy access to information.

Zuko completed his contract with the EPWP and no longer wants to do learnerships but is looking for a permanent job.

After the interview, Aaron remained on IPDM's database as an opportunity seeker. He had accessed and completed a one-year learnership through Transnet. This information was passed on through IPDM. A few months after completing the learnership, Aaron informed me that he was permanently employed as a Junior Information Analyst at Transnet.

At the time of the interview, Tito had been informed that he was successful in securing a one-year learnership with a well-established national aluminium company. Tito was convinced that this learnership would lead to permanent employment. Sadly, once the contract ended he was not employed and is now looking for work.

Thembi has been successful in securing a learnership. She is still interested in opening a business and working from home.

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Appendix I: Information sheet for disabled volunteers (group 1)



UNIVERSITY OF CAPE TOWN FACULTY OF HEALTH AND REHABILITATION SCIENCES DISABILITY STUDIES PROGRAMME 2014

My name is Cleone Melnichenko and I am a Master's student at the University of Cape Town. I intend to conduct research in fulfilment of the requirements towards the degree MPhil Disability Studies. The proposed thesis is: "An explorative study on the role of Disability Advice Desks in providing information on livelihood opportunities for disabled youth in the Cape Metropole"

Through this study I hope to understand your experiences of the Disability Advice Desks (DADs) and what skills you have gained or if this has led to further opportunities. I will also explore the recommendations that you might have with regards to the DAD programme. The significance of the study is that it will provide further insight to the role and effectiveness of the programme at a grass roots level for youth with disabilities as well as their family members and the broader community.

Your participation in this study is very important. I would like to set up an appointment with you for one hour to conduct an interview, either at the DAD in your area or at a place that is quiet and convenient for you. I may require additional time to gather more information at a later stage if it is necessary. ***I will also observe the interaction that occurs between yourself and the client and the routine activities take takes place at the DADs.***

The study has no known risks and you will not be paid to take part if you agree to do so. ***There are no direct benefits for you to participate in this study.*** If you do not want to be part of this study you may withdraw at any time. ***Withdrawing from or refusing to take part of the study will not affect your current or future work opportunities with the DAD.***

I would also like to request permission to audio-record the interview. The audio-recordings will be stored in a safe place so that your personal information will remain private and confidential. ***After the study these audio-recordings will be destroyed as they will no longer be needed.***

If you wish to have more information about the study, you may contact my supervisor or the chairperson of the Ethics Committee using the contact details at the bottom of this page. If you have any questions about your rights as research participants, you may contact the head or chairperson of the ***Faculty of Health Sciences Human Research Ethics Committee (HREC)*** below. Please remember that you can choose whether to participate in this study or not. If you want to take part in this study, please sign the attached consent form.

Kind regards

Cleone Melnichenko (researcher)

Department of Health & Rehab Sciences
Faculty of Health Sciences: University of Cape Town
Tel: 021 554 1344/084 554 0777
Email: cleone.ipdm@gmail.com

Theresa Lorenzo, Associate Professor (Supervisor)

Disability Studies and Occupational Therapy
Department of Health & Rehab Sciences
Faculty of Health Sciences: University of Cape Town
Tel: 021 406 6326 / 6534
Email: Theresa.Lorenzo@uct.ac.za

Professor Marc Blockman

Associate Professor Chairperson of Ethics Committee
Faculty of Health Sciences Human Research Ethics Committee (HREC)
Tel: 021 406 6496
Email: Marc.Blockman@uct.ac.za

Appendix II: Informed Consent Form (Group 1 and 2) English



UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH AND REHABILITATION SCIENCES
DISABILITY STUDIES PROGRAMME 2014

Consent to participate in a study on the role of Disability Advice Desks in providing information on livelihood opportunities for disabled youth in the Cape Metropole.

By signing this form, it means that you will let me interview you for the study. It means that you understand that you are participating freely and ***that there are no benefits in taking part in this study.*** The information will remain confidential but it also means that you understand that you can stop the interview at any time or refuse to answer my questions.

Please indicate whether you agree to allow this interview to be audio-recorded

Yes ☐

No ☐

Participant Name: Signature..... Date:.....

Researcher: Cleone Melnichenko

Tel: 021 554 1344 Mobile: 084 554 0777 Email: cleone.ipdm@gmail.com

Research Supervisor: Theresa Lorenzo

Tel: Tel: 021 406 6326 / 6534 Email: Theresa.Lorenzo@uct.ac.za

Human Research Ethics Committee Faculty of Health Sciences, University of Cape Town:

Chairperson: Professor Marc Blockman

Tel: 021 406 6496 Email: Marc.Blockman@uct.ac.za

Appendix III: Participant interview schedule - disabled volunteers (group 1)



UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH AND REHABILITATION SCIENCES
DISABILITY STUDIES PROGRAMME 2014

Demographic details

Age: _____

Gender: Male Female

In what language do you want me to conduct the interview?

Afrikaans____English_____

Socio-economic background

1. Where do you reside (suburb only)?
2. What type of disability/impairment do you have?
3. How long have you had the disability?
4. What is your level of education?
5. What kind of work did/do you do?
6. What sources of income do you have?

Volunteer Information

7. How long have you been a volunteer at the DAD?
8. How did you get to know about the DAD?
9. What made you decide to become a volunteer?
10. What is your role as a volunteer at DAD? What do you do?
11. How frequently are you volunteering?
12. What new skills have you learnt since you've been a volunteer at AD?

Personal Benefits/challenges

13. What are the main problems/challenges you face in volunteering at DAD?
14. What are the benefits in being part of the DAD project?
15. What were opportunities that you benefited from through the DAD as a person with a disability?

Disability Advice Desk Information

16. What is the purpose of the DAD in the community in your understanding?
17. How is the DAD effective in providing relevant information to people with disabilities?
what changes would you suggest?
18. How accessible is the DAD for people with disabilities?
19. How many clients were successful in securing opportunities through the DAD?
20. What do you think needs to happen to improve service/effectiveness of DAD?
21. Any other issues you would like to raise?

Appendix IV: Information sheet for disabled youth (group 2) English



UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH AND REHABILITATION SCIENCES
DISABILITY STUDIES PROGRAMME 2014

Dear

My name is Cleone Melnichenko and I am a Master's student at the University of Cape Town. I intend to conduct research in fulfilment of the requirements towards the degree MPhil Disability Studies. The proposed thesis is: "An explorative study on the role of Disability Advice Desks in providing information on livelihood opportunities for disabled youth in the Cape Metropole"

Through this study I hope to understand your experiences and if information accessed from the Disability Advice Desks has led to you finding opportunities. I will also explore the recommendations that you might have with regards to the Disability Advice Desk programme. The significance of the study is that it will provide further insight to the role and effectiveness of the programme at a grass roots level for youth with disabilities as well as their family members and the broader community.

Your participation in this study is very important. I would like to set up an appointment with you for one hour to conduct an interview, either at the Disability Advice Desk in your area or at a place that is quiet and convenient for you. I may require additional time to gather more information at a later stage if it is necessary.

The study has no known risks and you will not be paid to take part if you agree to do so. ***There are no direct benefits for you to participate in this study.*** If you do not want to be part of this study you may withdraw at any time. ***Withdrawing from or refusing to take part of the study will not affect your current or future ability to access the DADs.***

I would also like to request permission to audio-record the interview. The audio-recordings will be stored in a safe place so that your personal information will remain private and confidential.
After the study these audio-recordings will be destroyed as they will no longer be needed.

If you wish to have more information about the study, you may contact my supervisor or the chairperson of the Ethics Committee using the contact details at the bottom of this page. If you have any questions about your rights as research participants, you may contact the head or chairperson of the ***Faculty of Health Sciences Human Research Ethics Committee (HREC)*** below. Please remember that you can choose whether to participate in this study or not. If you want to take part in this study, please sign the attached consent form.

Kind regards

Cleone Melnichenko (researcher)

Department of Health & Rehab Sciences
Faculty of Health Sciences: University of Cape Town
Tel: 021 554 1344/084 554 0777
Email: cleone.ipdm@gmail.com

Theresa Lorenzo, Associate Professor (Supervisor)

Disability Studies and Occupational Therapy
Department of Health & Rehab Sciences
Faculty of Health Sciences: University of Cape Town
Tel: 021 406 6326 / 6534
Email: Theresa.Lorenzo@uct.ac.za

Professor Marc Blockman

Associate Professor Chairperson of Ethics Committee
Faculty of Health Sciences Human Research Ethics Committee (HREC)
Tel: 021 406 6496
Email: Marc.Blockman@uct.ac.za

Appendix IV: Information sheet for disabled youth (group 2) Afrikaans



UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH AND REHABILITATION SCIENCES
DISABILITY STUDIES PROGRAMME 2014

My naam is Cleone Melnichenko en ek is 'n meester se student aan die Universiteit van Kaapstad. Ek is van plan om navorsing te doen in die vervulling van die vereistes vir die graad MPhil Gestremdheidstudie. Die voorgestelde tesis is: "'n Verkennende studie oor die rol van Gestremdheid Adviesbank in die verskaffing van inligting oor lewensbestaan geleenthede vir gestremde jeug in die Kaapse Metropool"

Deur middel van hierdie studie ek hoop dat jou ervarings te verstaan en as inligting verkry uit die Disability Advies Bank het gelei tot jou om geleenthede. Ek sal ook die aanbevelings wat u mag hê met betrekking tot die Disability Advies Banke-program, nagaan. Die betekenis van die studie is dat dit verdere insig in die rol en doeltreffendheid van die program op 'n voetsoolvlak vir die jeug met gestremdhede, sowel as hul familieleden en die breër gemeenskap lewer.

U deelname aan hierdie studie is baie belangrik. Ek sou graag 'n afspraak met jou wou hê vir 'n uur 'n onderhoud, of by die Disability Advies Banke in jou omgewing van 'n plek wat stil en gerieflik vir jou is. Ek kan bykomende tyd verg meer inligting in te samel op 'n later stadium as dit nodig is.

Die studie het geen bekende risiko's nie en jy sal nie betaal word om deel te neem as jy instem om dit te doen nie. Daar is geen direkte voordele vir jou om deel te neem in hierdie studie. As jy nie wil deel neem in hierdie studie kan jy op enige tyd onttrek. As jy weier om deel te neem aan

die studie, sal geen invloed op u huidige toekomstige vermoë om toegang tot die advies banke te kry nie.

Ek wil ook graag toestemming vra om die onderhoud te klank - rekord. Die klank opnames sal in 'n veilige plek gebêre word sodat u persoonlike inligting privaat en vertroulik sal bly. Na afloop van die studie van hierdie klank opnames sal vernietig word aangesien hulle nie meer nodig sal wees nie.

As jy meer inligting wil hê oor die studie, kan jy my toesighouer van die voorsitter van die Etiekkomitee deur die kontakbesonderhede aan die onderkant van hierdie bladsy kontak. As u enige vrae het oor u regte as deelnemers aan navorsing, kan u die hoof of voorsitter van die Faculteit Gesondheidswetenskappe Menslike Navorsingsetiekkomitee hieronder kontak. Onthou asseblief dat jy kan kies om deel te neem in hierdie studie of nie. As jy wil om deel te neem in hierdie studie, teken

Vriendelike groete

Cleone Melnichenko (researcher)

Department of Health & Rehab Sciences
Faculty of Health Sciences: University of Cape Town
Tel: 021 554 1344/084 554 0777
Email: cleone.ipdm@gmail.com

Theresa Lorenzo, Associate Professor (Supervisor)

Disability Studies and Occupational Therapy
Department of Health & Rehab Sciences
Faculty of Health Sciences: University of Cape Town
Tel: 021 406 6326 / 6534
Email: Theresa.Lorenzo@uct.ac.za

Professor Marc Blockman

Associate Professor Chairperson of Ethics Committee
Faculty of Health Sciences Human Research Ethics Committee (HREC)

Tel: 021 406 6496

Email: Marc.Blockman@uct.ac.za

Appendix II: Informed Consent Form (Group 2) Afrikaans



UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH AND REHABILITATION SCIENCES
DISABILITY STUDIES PROGRAMME 2014

Toestemming om deel te neem in 'n studie oor die rol van Gestremdheid Advies Banke in die verskaffing van inligting oor lewensbestaan geleenthede vir gestremde jeug in die Kaapse Metropool.

Deur die ondertekening van hierdie vorm, beteken dit dat jy my sal laat onderhoud met jou vir die studie. Dit beteken dat jy verstaan dat jy vrylik deelneem en dat daar geen voordele in om deel te neem in hierdie studie. Die inligting sal vertroulik bly maar dit beteken ook dat jy verstaan dat jy kan die onderhoud stop op enige tyd of weier om my vrae te beantwoord.

Dui asseblief aan of jy saamstem om dié onderhoud te klank - aangeteken wees

Ja ☐

Nee ☐

Participant Name: Signature..... Date:.....

Witness Name: Signature..... Date:.....

Researcher: Cleone Melnichenko

Tel: 021 554 1344 Mobile: 084 554 0777 Email: cleone.ipdm@gmail.com

Research Supervisor: Theresa Lorenzo

Tel: Tel: 021 406 6326 / 6534 Email: Theresa.Lorenzo@uct.ac.za

Human Research Ethics Committee Faculty of Health Sciences, University of Cape Town:

Chairperson: Professor Marc Blockman

Tel: 021 406 6496 Email: Marc.Blockman@uct.ac.za

Appendix V: Participant interview schedule - youth with disabilities (group 2)



UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH AND REHABILITATION SCIENCES
DISABILITY STUDIES PROGRAMME 2014

Demographic details/ Demografiese besonderhede

Age: _____

Ouderdom: _____

Gender: Male /Female

Geslag: Manlik /Vroulik

In what language do you want me to conduct the interview?

Afrikaans___English___

In watter taal wil jy hê ek moet my onderhoud uitvoer?

Afrikaans___English___

Socio-economic background /Sosio-ekonomiese agtergrond

1. Where do you reside (suburb only)? Waar woon jy (voorstad net)?
2. What type of disability/impairment do you have? Watter tipe gestremdheid / inkorting het jy?
3. How long have you had the disability? Hoe lank het jy al die gestremdheid?
4. What is your level of education? Wat is jou vlak van opvoeding?
5. What kind of work did/do you do? Watter soort werk het / doen jy?
6. What sources of income do you have? Watter bronne van inkomste het jy?

Access to Disability Advice-Desks - the experience / Toegang tot advies banke - die ervaring

1. Where did you hear about the DAD / Waar het jy van die DAD gehoor?
2. What were your reasons for approaching the DAD? Wat was die redes om die DAD te bereik?

3. What service did they provide for you? Watter diens het hulle jou voorsien?
4. Where were you referred to? Waar is jy verwys?
5. How useful was the information you received? Hoe bruikbaar was die inligting wat jy ontvang het?
6. What type of information/service do you think should be available? Watter tipe van inligting / diens dink jy moet beskikbaar wees?
7. How accessible is the DAD? Hoe toeganklik is die DAD?
8. What changes are needed at DAD? Watter veranderinge is nodig by DAD?
9. How can access to information be improved? Hoe kan die toegang tot inligting verbeter word?
10. Any other issues you would like to raise? Enige ander kwessies wat jy wil in te samel?

Appendix VI: Permission letter to the Institute for the Promotion of Disabled Manpower



UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH AND REHABILITATION SCIENCES
DISABILITY STUDIES PROGRAMME 2014

The Chairperson
Institute for the Promotion of Disabled Manpower (IPDM)
29 Pilot Close
West Beach
Blaauwberg
7441

Dear Chairperson

For research purposes, as full fulfilment of my MPhil. degree in Disability Studies at the University of Cape Town, I hereby request permission have access to the database of clients who has approached the Disability Advice Desks (DADs) operating in Cape Metropole area over the past year. I will be purposefully selecting 12 clients from the database who have approached the DADs and request permission to conduct interviews with them. All the participants should be people with disabilities and should be between the ages of 18 and 35. The second group of participants will be the four people with disabilities who volunteer at the DADs. Approval from the Faculty of Health Sciences Research Ethics Committee is pending. This study aims to describe the experience of disabled youth in accessing information that facilitates their participation in livelihood development opportunities in a Metropole in the Western Cape.

The objectives of the study are:

- To describe the role and function of the DADs in assisting disabled youth in accessing information that facilitates participation in livelihood development
- To describe the experiences of the DAD service providers in assisting disabled youth to access information that facilitates participation in livelihood development

- To identify the factors (enablers and barriers) that influenced disabled youth accessing the DADs for information on the livelihood development opportunities
- To make recommendations related to the information dissemination strategies of DAD to facilitate participation in livelihood opportunities

The study will be conducted in a manner that complies with the ethics of confidentiality. All participants will remain anonymous and this is to be guaranteed by the use of pseudonyms. All participants partaking in this study will do so on a voluntarily basis and will have the right to withdraw from the study at any time. Data will be stored safely and will not be divulged to persons other than my research supervisor and will be destroyed after the study. IPDM will be appropriately acknowledged in the research.

A copy of the final research proposal will be made available to you. Below is the consent form which, if you agree to, you could sign and return to me at your earliest convenience.

Thank you for considering my request.

Yours sincerely

Cleone Melnichenko (mncle001) (Researcher)
 Department of Health & Rehab Sciences
 Faculty of Health Science: University of Cape Town
 Tel: 021 554 1344/084 554 0777
 Email: cleone.ipdm@gmail.com

Theresa Lorenzo, Associate Professor (Supervisor)
 Disability Studies and Occupational Therapy
 Department of Health & Rehab Sciences
 Faculty of Health Sciences: University of Cape Town
 Tel: 021 406 6326 / 6534
 Email: Theresa.Lorenzo@uct.ac.za

Professor Marc Blockman

Associate Professor Chairperson of Ethics Committee

Faculty of Health Sciences Human Research Ethics Committee (HREC)

Tel: 021 406 6496

Email: Marc.Blockman@uct.ac.za

Appendix VII: Signed consent form for the Institute for the Promotion of Disabled Manpower



UNIVERSITY OF CAPE TOWN
FACULTY OF HEALTH AND REHABILITATION SCIENCES
DISABILITY STUDIES PROGRAMME 2014

- I agree to give the researcher access to the database of clients who have approached the Disability Advice Desks (DADs)
- I agree to give the researcher permission to approach the DAD volunteers to be participants in the study
- I understand that IPDM is under no obligation to allow participation in this project.
- I understand that IPDM and its participants have the right to withdraw from this project at any stage.

Chairperson Name: Signature..... Date:.....

Appendix VIII: Ethics approval



UNIVERSITY OF CAPE TOWN
Faculty of Health Sciences
Human Research Ethics Committee



Room E52-24 Old Main Building
Groote Schuur Hospital
Observatory 7925

Telephone [021] 406 6338 • **Facsimile** [021] 406 6411

Email: shuretta.thomas@uct.ac.za

Website: www.health.uct.ac.za/fhs/research/humanethics/forms

17 December 2014

HREC REF: 930/2014

A/Prof T Lorenzo
Health & Rehab
F45, OMB

Dear A/Prof Lorenzo

PROJECT TITLE: AN EXPLORATIVE STUDY ON THE ROLE OF DISABILITY ADVICE DESKS IN PROVIDING INFORMATION ON LIVELIHOOD OPPORTUNITIES FOR DISABLED YOUTH IN THE CAPE METROPOLE (Masters candidate - C Melnichenko)

Thank you for submitting your study to the Faculty of Health Sciences Human Research Ethics Committee for review.

It is a pleasure to inform you that the HREC has **formally approved** the above-mentioned study.

Approval is granted for one year until the 30th December 2015.

Please submit a progress form, using the standardised Annual Report Form if the study continues beyond the approval period. Please submit a Standard Closure form if the study is completed within the approval period.

(Forms can be found on our website: www.health.uct.ac.za/fhs/research/humanethics/forms)

Please quote the HREC REF in all your correspondence.

We acknowledge that the student, Cleone Melnichenko will also be involved in this study.

Please note that the ongoing ethical conduct of the study remains the responsibility of the principal investigator.

Yours sincerely

Signed

PROFESSOR M BLOCKMAN
CHAIRPERSON, FHS HUMAN RESEARCH ETHICS COMMITTEE

Federal Wide Assurance Number: FWA00001637.

Institutional Review Board (IRB) number: IRB00001938

This serves to confirm that the University of Cape Town Human Research Ethics Committee complies to the Ethics Standards for Clinical Research with a new drug in patients, based on the Medical Research Council (MRC-SA), Food and Drug Administration (FDA-USA), International Convention on Harmonisation Good Clinical Practice (ICH GCP) and Declaration of Helsinki guidelines.

HREC 930/2014

The Human Research Ethics Committee granting this approval is in compliance with the ICH Harmonised Tripartite Guidelines E6: Note for Guidance on Good Clinical Practice (CPMP/ICH/135/95) and FDA Code Federal Regulation Part 50, 56 and 312.

HREC 930/2014

